(no to but) that he have be based The state of the s SECONDE SELDO DE L'AMBRET, ROLET DE L'AMBRET POST CONTRACTOR OF THE PROPERTY OF THE PROPERT

HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

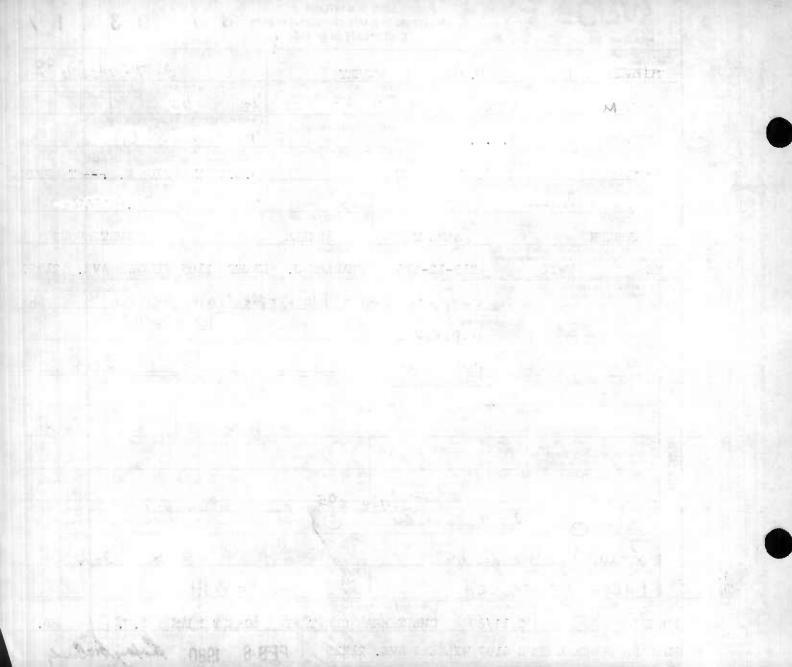
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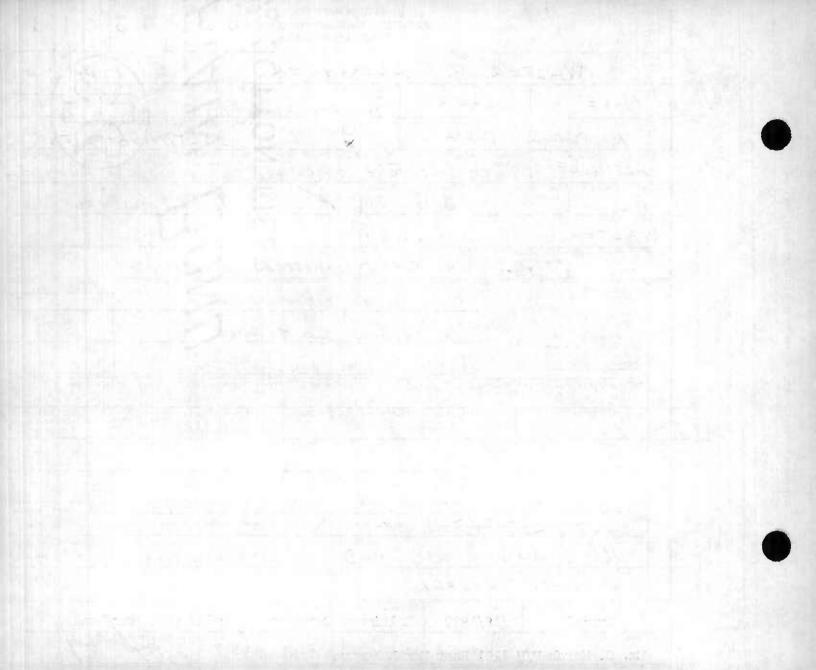
		FOR			E OF MARYLAND IEALTH AND MENTAL HYG	IENE 8 -O	07116
)	1.	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	
noy be page 3 er death		CEASED NAME FIRST	MIDI	A	DAMS	20 DATE OF DEATH	2 9 80 745
4 mo)	3 SE		4 RACE	5 DATE (DAY YEAR	6 AGE (IN YEARS LAST BIRTH	IDAY) IF UNDER 1 YEAR IF UNDER 24 H
Poge	7a B	Female RTHPLACE STATE OR FOREIGN	Negro	IAT COUNTRY 2		62 P BALTIMORE CITY OF	YRS COUNTY OF DEATH
to FINSS	C	Maryland	U.S.	A . MARRIE	D NEVER MARRIED	Balto.	
offer d	10. €	Balto.	(IF NOT IN SUCH F.	SPITAL, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPATION	DN 126 KIND OF BUSINESS
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filled nould hould hould hould hould hould hould hould hould hould house			ty 13	Balto.	13d INSIDE CITY LIMITS?	2422 Wood	brook Ave.
ond 2 sh	14. FA	THER'S NAME James	MIDDLE Simi	MS LAST	15. MOTHER'S MAIDEN NAME FIRST	Tho	mpson
n ond co		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GIV		6 SOCIAL SECURITY NO. 219-14-1740	Leslie W	right 1806	N. Fulton Ave
oth certificate rading physicis corbon paper i), or removal matic event, th		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS	TE CAUSE (o)	CYTICIO TO ILL	SPINATORY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA M INUTY
quires that the de signed by the att hen please remove to bural, crematio jury, or other trou	Z	Conditions, if ony, which gove rise to immediate cause io. stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONCESTI	CONDITIONS CON		TC ADENOCH STONACH NOT RELATED TO THE TERM		ITION GIVEN IN PART 1(o
e low red no. hos been permit. T ne prior 1 ws ony in	CERTIFICATION	190 DATE OF OPERATION 1/27/79	196 CONDITIO	ON FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\subseteq \text{NO } \frac{1}{2} \)
inclans: The growsicion of physicion of certificate of mal-transit em 18 sho		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE I IF EITHER, NOTIFY MEDICAL EXAMINER	A10	MONTH DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	IN ITEM 18, PART 1 OR PART 2)
OING PHYS or ottendin After this e e os the bu alth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET	INJURY FACTORY, OFFICE, FARM, ETC.)	21F LOCATION STREET	CITY OR TOW	COUNTY STATE
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OR ATTENIOR has bospital DIRECTOR. soched for us Dept of Hem 21 is:			2/9	er death. 19 <u>EC</u> . 6	DEGREE ATTENDING	MEDICAL STAF	te and hour and from the couses stated
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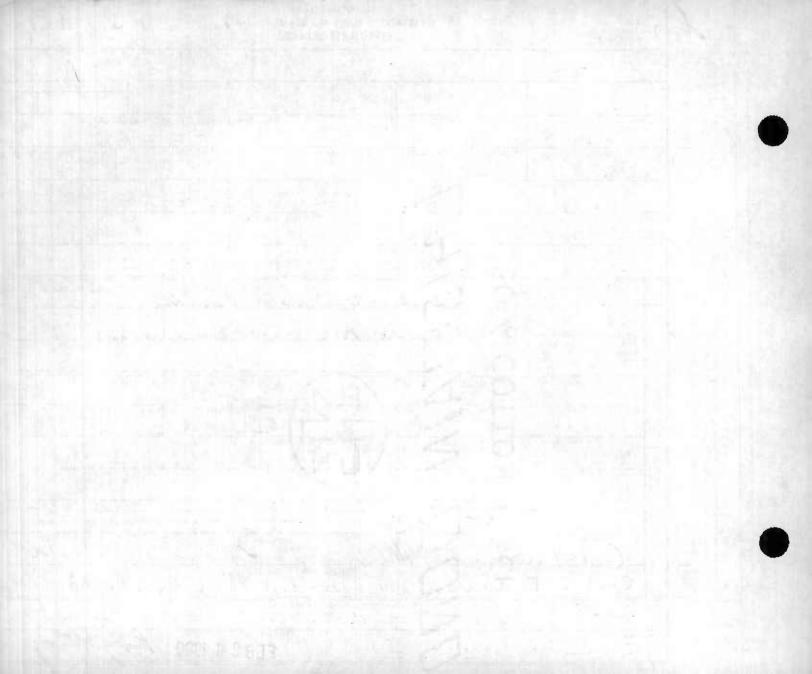
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			DECEASED NAME FIRST		MIDDLE	ı	AST		20 DATE OF DEATH	MONTH DA	Y YEAR 2	h HOUR
	ath be	1,	JOHN		M.	AI	BERT			2-7	- 1980	10 28 M
	may b page	3	SEX	4 RACE	VII	5 DATE C	F BIRTH		6 AGE (IN YEARS LAST OR			F UNDER 74 HRS
	rector rs afte	4	MALE	WHIT	Έ	7 MONTH	1	17	62	YRS.	ONTHS DAYS	HOURS MIN
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	deat nera	5	MARYLAND	U.S.	Α.	WIDOWE		ORCED A	BALTIMORE	CITY		MD.
	the fu	10.	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME		ITUTION	12e USUAL OCCUPAT		126 KIND OF	BUSINESS OR
5	by the ed wi	8	BALTIMORE		SITY HOS				CLERK	DE MORKING (INE)		T OFFICE
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N	tilled be		MARYLAND	20111	BALTIMO		YES X	NO [2105 WILKE	NS AVE	. 2122	3
7	shot shot	14.	FATHER SNAME	1			15 MOTHER'S		ME			
MAN	ured nd 2	7)	JOSEPH	WIDDLE	ALBER	T		ELLE	WIDDIE		SURTURN	OUS
R.	or 1 an	160	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC		17 INFORMAL		ADDR			
MO	Pages , the		YES WW	GIVE WAR OR DATES	213-12-	2768	CHARLE	S J. A	LBERT 2105	WILKE	NS AVE.	21223
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	law requires that the death cert been signed by the attending ph. Then please temove carbon pa ior to burial, cremation, or rem	NO	Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DIATE CAUSE (0)		OUENCE OF OUENCE OF OUENCE OF	edemo	TO THE TERM	INAL DISEASE OR CON	9 SOCIQ	2hrs	
AL REC	IAN: The land.	CEPTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFOR	RMED	YES NO		WERE FINDING ING CAUSES O	
OF VIT	ysi ysi ert tra tra tal	//	OR CONTRIBUTING CAUSE OF	DEATH HOUR A		DAY YEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	T 1 OR PART 2	
O	I = === 0	MEDICAL	214. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE	E EARLY ETC.)	211 LOCATIO	N	CITY OR TO	WN	COUNTY	STATE
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	retained by TO FUNEF should be a with the St IMPORTAL		LALAH NO	EWBROU	GH				eSt Balto	2120	1	
		23	BURIAL, CREMATION, REMOV			. NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION CITY OF TOWN		OUNTY	STATE
100	SBP	_	URIAL	2/11/	80 CH	ELTENH	AM CEME		CHELTENHA	M P.	G.	MD.
	DHMH-16 25M		FUNERAL DIRECTOR	7101/F / 1 0	ADDRESS .	C ATTE	01000	25a. DATI	20	25b. REGISTR.	AR'S SIGNATUI	₹E
	(VRA 15, 4) 1/79	H	UBBARD FUNERAL	HOME 410	/ WILKEN	S AVE.	21229	FE	B 8 1980	prop	May mel	rodg

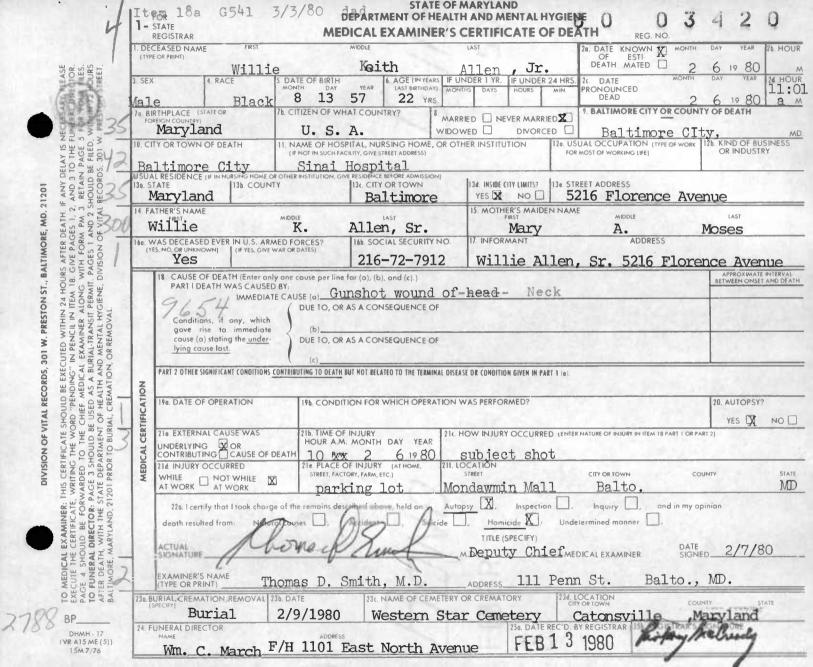


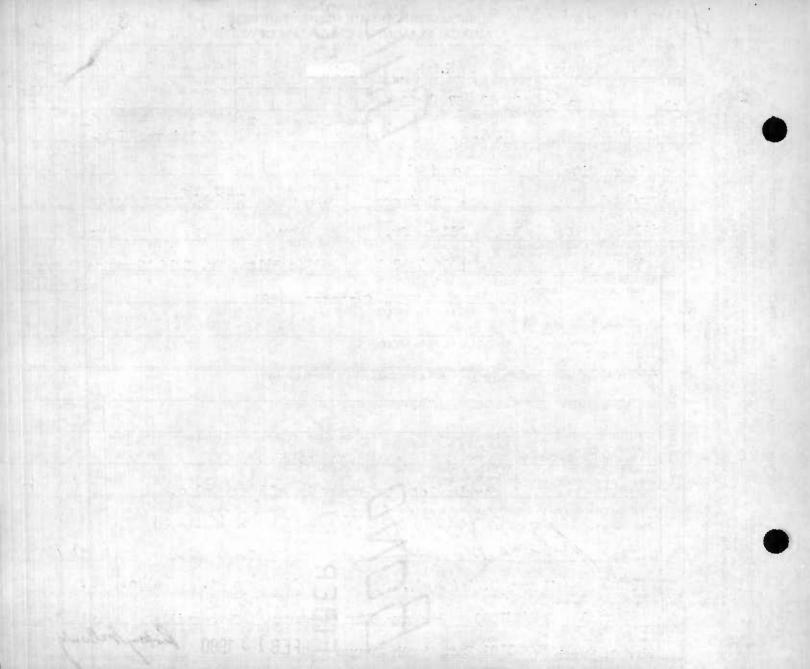
*	1.	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 4 1 8
, be	I. DE	CEASED NAME FIRST WALT		ALEXANDER	20 DATE OF DEATH MONTH	3 1980 5 A M
Poge 4 mo director, po	3 SE	MALE	BLACK	5. DATE OF BIRTH MONTH DAY YEAR 12 24 2/	3 d' YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
John 72	C	IRTHPLACE (STATE OR FOREIGN OUNTRY) WORTH CAROLITYS ITY OR TOWN OF DEATH 1	CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWED DIVORCED USURSING HOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR COUNTY BALTIMO 120 USUAL OCCUPATION	
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cuted with	160 V	VALITER MIL VAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b SOCIA	FIRST FIRST FIRST L SECURITY NO. 17, INFORMANT	MIDDLE ADDRESS	IAST
BALTIMORE, cote be executed by skicion and coppers. Pages 1 vol.	\$	yes, no or unknown) (IF yes, give w Yes A	my 240	10-5555 JEANETTE BR	OWH 1515 Lock	
I W. PRESTON ST., BA hat the death certificate by the attending physic size remove carbonpape I, cremotion, or removal other traumatic event, t		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the	BY. Show.	le Scarndary to blood los isequence of Esophagus pade II h isequence of	inth	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201 W low requires that b. ss been signed by nermit. Then please te prior to burod, ct ss any injury, or oth	NOIL			G TO DEATH BUT NOT RELATED TO THE TERM		
	CERTIFICATION	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	VHICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
DIVISION OF VITAL DING PHYSICIAN: The or offending physicion After this certificate h e as the buriol-transit p olih and Mentol Hygier morked at item 18 sho	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE AT WORK AT WORK	THE PARTY OF THE PARTY	H DAY YEAR 19 211 LOCATION	CITY OR TOWN	COUNTY STATE
TTEND pital or TTOR: A far use of Heol		22a.1 certify that N) (this hospito saw the deceased alive on above N (we) (did) (did at	2-12	_19, and that in (by) (our) opinion o	, to2	
SPITAL OR A I by the hos VERAL DIREC be detached s State Dept. ANT: If hem		226, SIGNATURE Prib.		22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	27. DATE SIGNED 27. 13 - 80
TO HOSPITAL TO FUNERAL should be det with the Store		WAHYUDIATI	PRIBAD		Jan 1954	
2552BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial	2/18/1980	Baltimore Cemetery	Baltimore, Ma	
DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	wm. C. March F/	H 1101 East	ESS FFD 4 F	REC'D. BY REGISTRAL BY JEGIST	Mac Canaly



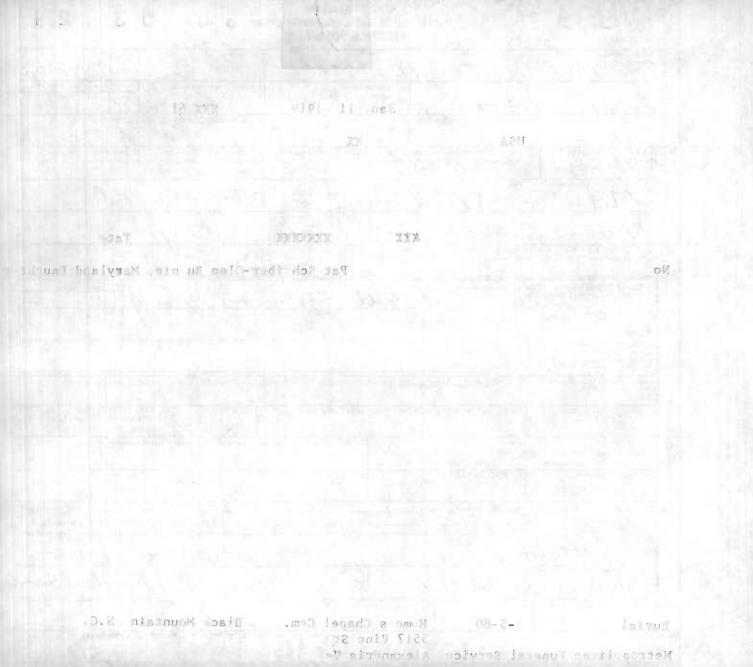
18	1.	FOR - STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0 3 4	
poge 3		CEASED NAME FIRST GEORGIA		WIDDLE	Allen	AST		AONTH DAY YEAR	80 ^{2b} HO
tor, poo	3 SE		4 RACE B		5. DATE C		6 AGE IN YEARS LAST BIRTH	MONTHS DAY	
oth. Page		IRTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	
s ofter death. I by the funeral lied within 77 h		Va. ITY OR TOWN OF DEATH Balto.	11. NAME OF		ADDRESS)	ROTHER INSTITUTION	120 USUAL OCCUPATION I TYPE OF WORK FOR MOST OF	ON 126. KINE	OF BUSI
ly filled in by should be filed in by should be filed in by	USU	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	OR OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 2602 Ceci	.1 Avenue	
ompletely ond 2 sh	14 F/	ATHER'S NAME Byrd	B.	Allen	Pers	15. MOTHER'S MAIDEN NA Betty	WE	Vincent	LAST
rtificate be execut g physician and co angopers. Pages I ewand!.	160.	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) IF YES, GIV	RMED FORCES? VE WAR OR DATES)	16h SOCIAL SECU 223-10-4		17 INFORMANT Alford Simm	ons 2602	Cecil Ave.	
requires that the signed by the signed by the please report to burial, cremy injury, or other	TION	cause (a), stoting the underlying cause last	CONDITIONS C	NEWS N	DEATH BUT				
he low re non. hos been if permit iene prior ows only i	CERTIFICATION	190. DATE OF OPERATION	19h COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS US SES OF DE NO
PHYSICIAN: The It ending physicion. this certificate has be buriol-transit per and Mental Hygiene d or Item 18 shows	MEDICAL CER	2)a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	R) P	m. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR'	IN ITEM 18, PART 1 OR PART 2	!)
DING PHYSICIA or offending p After this certifice os the buriolisical though mental marked or Item	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N COUNTY	
Z - & P - E		22a.l certify that (1) (this base sow the deceased alive or above, (1) (we) which (did no				d that in (my) (ear) opinion	deoth occurred on the da		
O HOSPITAL OR ATTE etained by the hospit to FUNERAL DIRECTO should be deteched for with the Stote Dept. of MPORTANT: If them 21		276 SIGNATURE	edy	au M	1/2	ATTENDING PHYSICIAN [MEDICAL STAF	- 2/	2 5/S
TO HOSPITAL eloined by the To FUNERAL should be deriven the Stote IMPORTANT:		Carl S. F	riedi	nan n	1.0.	1205 York		erville M	d.
BP	23a	Burial, Cremation, Removal Burial	2/28/			ia Ch. Cem.	23d. LOCATION CHY OR TOWN Greensy.	ille 🐯 , V	Va.
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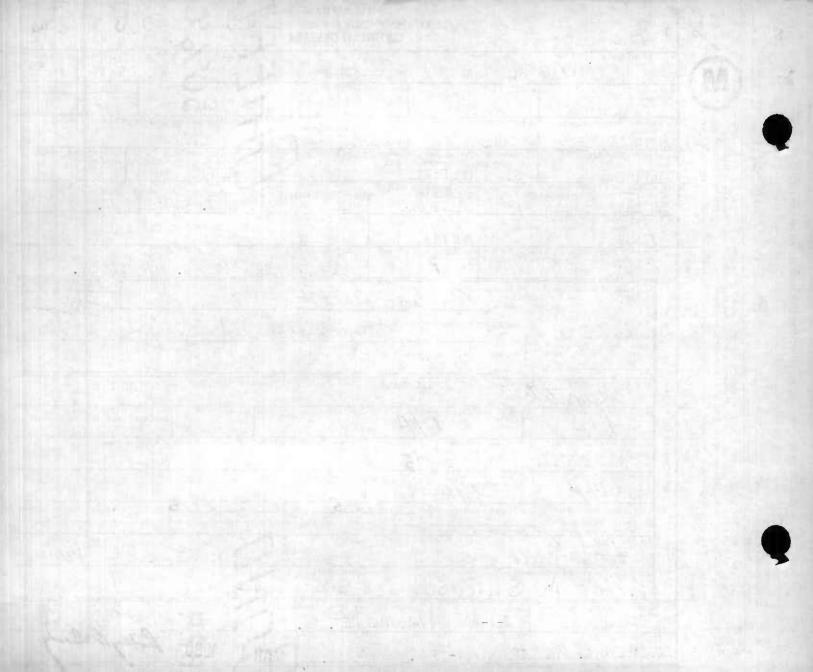


	1.	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0 REG. NO.	3 4 2 1
		CEASED NAME FIRST	MIDDLE	LAST	IN DATE OF DEATH MONTH	DAY YEAR 26 HOUR
death death	(TYP)	E OR PRINT) MARY	1 5. 1	FLLISON	2-	1-1980 7.050
rr, page rer deat	3 SE	X 4	RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST RIRTHDAY)	MONTHS DAYS HOURS MIN
recto resat		Female_	Caus.	Jan. 11 1919	XXX 61 YR	
n 72 hou	7r. B	IRTHPLACE (STATE OR FOREIGN The COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED XX DIVORCED	BALTIMORE CITY OR COUN	NTY OF DEATH
25	10.0	Baltimae		IG HOME OR OTHER INSTITUTION	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 1711. KIND OF BUSINESS OR
Sing mu	USU 13 _R	AL RESIDENCE IN HURSING HOMEOR OF	HER INSTITUTION, GIVE RESIDENCE BEFORE	N - 134. INSIDE CITY LIMITS?	13 STREET ADDRESS Elm	~Rd.
Cal exa)4 F	ATHER'S NAME FIRST	Dit Illan LAST	15. MOTHER'S MAIDEN NA	Middle	Tate
the medi	1	WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W		4-12/	ADDRESS	
al.	N		one couse per line for (a), (b), an		er-Glen Burnie,	Maryland Daugh APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
y injury, or othe	N.	Conditions, if ony, which gove rise to immediate couse 101, storing the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	NCE OF	minal disease or condition (GIVEN IN PART 1(0)
and wiental ryglene prior	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{VES} \(\text{VES} \)
or Item 18		710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D.	YEAR	RED JENTER NATURE OF INJURY IN ITEM	
marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21s. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
of Heal m 21 is		220.1 certify that (I) (this hospital saw the deceased alive an above, (I) (we) (did) (did not) to	2-1-80 19	, and that I (my) (gur) opinion	death accurred on the date and I	2, 19, that (1) (we) lost hour and from the causes stated
detached intate Dept.		226. SIGNATURE	1	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	120 DATE SIGNED
ould be		1220. PHYSICIAN'S NAME ITYPE OR PA	R PATGL	127 ADDRESS 13-C-R.C. 2	Inversity of	Maryland Hope
wit M	23 _R .	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		urial		mers Chapel Cem.	Black Mounta	
6 25M 4) 1/79		UNERAL DIRECTOR	ADDRESS 55		TE REC'D. BY REGISTRAR 250. REG	DIKAKS SIGNATURE
1//9	M	etropolitan Fune:	ral Service Al	exandria Va	0 13811	- Male



1.0	REGISTRAR DECEASED NA	MF FIRST	MEI	DICAL EXAMINER'S	S CERTIFICATE OF	P DEATH REG. NO). MONTH DAY YEA	AR Zb. HOUR
	YPE OR PRINT)	1				OF ESTI-	2 2319 8	
3. S	EX	Lari	5 DATE OF BIRTH	39 HOLL TEARS IF	Allsberry			AR 2d HOUR 12:0
	Male	Black	8 - 26	38 41 YRS.	ONTHS DAYS HOURS	MIN. PRONOUNCED DEAD	2 23 19 8	30 P M
7a.	BIRTHPLACE FOREIGN COUNTR MD		USA	HAT COUNTRY?	ARRIED NEVER MARRIE	erro		4
10.	Baltin		11. NAME OF HOSE	PITAL, NURSING HOME, OR (CILITY, GIVE STREET ADDRESS) ity Hospital	OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)		BUSINESS USTRY
30	JAL RESIDENCE STATE	E (IF IN NURSING HOME	OR OTHER INSTITUTION, GI	PRESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 509 E. 27th	Street	
_	FATHER'S NA	AE .	MIDDLE	LAST	15. MOTHER'S MAIDER		LAST	
	Jack			llsberry	Nola	Mae	Green	1
16a		ED EVER IN U.S. AR		166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
	No				Delores	L. Allsberry	509 E. 2	7th S
	611	9 7 IMMEDIA	ATE CAUSE (o)	Blunt Head	-			
NOIL	gove couse lying c		(b) DUE TO, OR (c) SCONTRIBUTING TO DEATH	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL OF		Γ 1 (σ).		
MOLTACION	gove couse lying c	rise to immediate (a) stating the <u>under</u> ouse last.	(b) DUE TO, OR (c) SCONTRIBUTING TO DEATH	AS A CONSEQUENCE OF		T 1 (a).	20. AUTOF YES [
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	PART 2 OTHER 19a. DATE of the part 2 other 19a. DATE of the part 2 other 21a. EXTER UNDERLYII CONTRIBU 21d. INJUR: WHILE AT WORK 22a. I ce death res ACTUAL SIGNATUR	INTERPRETATION NAL CAUSE WAS NG OCCURRED NOT WHILE AT WORK PARTING TO COUNTY WHILE AT WORK OF THE AT WORK	DUE TO, OR (c) 19b. CONDIT 19b. CONDIT 21b. TIME OF HOUR A.M. 21e. PLACE C STREET, FACT Trge of the remains des urol couses	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL OF FINJURY . MONTH DAY YEAR . 2 19 19 80 5 . TORVE, FARM, ETC.) jail octibed obove, held on Accident . Suicide	N WAS PERFORMED? C. HOW INJURY OCCURRED Subject assau LOCATION Md. Ho	D (ENTER NATURE OF INJURY IN ITEM 18 P Ited and fell t use CITY OR TOWN Jessup, Anne Undetermined monner MEDICAL EXAMINER	YES [PART 1 OR PART 2) to floor COUNTY e Arundel, d in my opinion DATE SIGNED 2/25	STATE Md.
MEDICAL	PART 2 OTHER 190. DATE (190.	INTERPRETATION NAL CAUSE WAS NG OCCURRED NOT WHILE AT WORK PARTING TO COUNTY WHILE AT WORK OF THE AT WORK	DUE TO, OR (c) 19b. CONDIT 19b. CONDIT 21b. TIME OF HOUR X A 21e. PLACE C STREET, FACT rge of the remains des urol couses irginia L.	AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL OF FINJURY MONTH DAY YEAR 2 19 19 80 5 2 1	N WAS PERFORMED? A. HOW INJURY OCCURRED Subject assau LOCATION Md. Ho F Correction Inspection Homicide TITLE (SPECIFY) M.D. Assistan ADDRESS	Jessup, Anne Inquiry one Undetermined monner	YES [PART 1 OR PART 2) to floor COUNTY e Arundel, d in my opinion DATE SIGNED 2/25	NO STATE Md.

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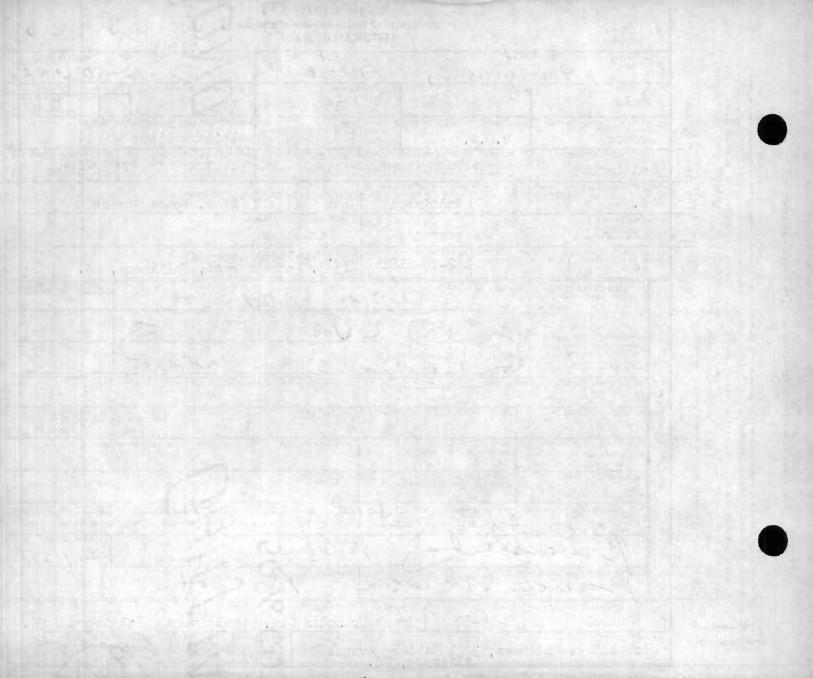


1								AARYLANI					m-/ 4656		-14
		OR				ARTMENT C					0	0	3	4 2	4
and .		REGISTRAR				AL EXAM	INER'S	CERTIFIC	ATE OF	DEATI	H	REG. NO.	12		
		EASED NAME	FIRST	II SE	MIDI	DIE	M. 715	LAST		20.	DATE KNO	STI-		DAY YEAR	
	(,,,,,	OK TRIST!	BERN	IARD	Mi	chael		AMES			DEATH MA	ATED [2 :	5 1,80	M
	3. SEX		4. RACE	5. DATE OF	F BIRTH	6. AGE (III	THDAY) MONT		FUNDER 24		DATE		MONTH	DAY YEAR	24 110011
	ma	le	white	70	29 19		YRS.	HS DAYS	HOURS	MIN.	DEAD		2 !	5 1,80	10p _M
1		THPLACE (ST.	ATE OR	76. CITIZEN	OF WHAT		8. MARE	IED X NEV	ER MARRIED	9.1	BALTIMOR	E CITY OR	COUNTY	OF DEATH	
5			. Pa.	U. S.	. A.		WIDOV		DIVORCED		Baltin	nore (City		MD.
	10. C1T	rockton Y OR TOWN	OF DEATH	II. NAME	OF HOSPITAL	L, NURSING HO		IER INSTITUTI	ION I		OCCUPAT		F WORK 12	26. KIND OF E	BUSINESS
	111	Baltimo	ore	Uni	versit	y Hospi	tal						ec(D.		.Traffi
-	USUA	L RESIDENCE	IF IN NURSING HOME	E OR OTHER INSTIT	TUTION, GIVE RES	DENCE BEFORE ADA	AISSION)	13d. INSIDE CIT			ADDRESS				Admist
	13a. ST	Md.	Ha Ha	rford		CITY OR TOW		YES T	NO TO	1105	Gris	t. Ct.			d.21047
-	14. FA	THER'S NAME	110					15. MOTHER	R'S MAIDEN						
1		Michael		WIDDLE		Ames		Fr	ances		MIDDL	0	ldins	sky	
	16a. W	AS DECEASED	EVER IN U.S. A			. SOCIAL SECU	RITY NO.	17. INFORM			1	ADDRESS .	Falls	ston,	Md.
	Ye	S, NO, OR UNKNO		-1953)	187-24-	7539	Mrs.	Patri	cia	Ames,	1105	Gris	st Ct.	21047
			DEATH (Enter of											T APPROXIM	ATE INTERVAL
			ATH WAS CAUS	ED BY:	Mult	ciple in	njurie	s with	compl	Licat:	ions			BETWEEN ON	ISET AND DEATH
		015	IMMEDI	ATE CAUSE (a		CONSEQUEN								177.00	
NEW CAR.	3		is, if any, which											2.14	
			e to immedio stoting the unde		TO, OR AS A	CONSEQUEN	CE OF						-		
		lying cau	se lost.												
		PART 2 OTHER SIG	GNIFICANT CONDITION	NS CONTRIBUTING	TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION	GIVEN IN PART	1 (a)				1	
	Z			-											
	AT	19a. DATE OF	OPERATION	19b.	CONDITION	FOR WHICH O	PERATION V	VAS PERFORM	AED?		-			20. AUTOPS	SY?
2	FIG													YES [K ON
1	CERTIFICATION	21a. EXTERNA	L CAUSE WAS	21b.	TIME OF INJ	JRY ONTH DAY Y	21c. H	OW INJURY	OCCURRED	LENTER NAT	URE OF INJURY	IN ITEM 18 PA	RT 1 OR PART		- Miles
200		UNDERLYING	OR OR	E DEATH)		DNTH DAY Y	80 Pa	ssenge:	r in a	auto/	fixed	obje	et ec	ollisio	on.
	MEDICAL	21d. INJURY C		21e.	PLACE OF IN	JURY (AT HOM	E, 21f. LC	CATION				3.000			
-	W			ST ST	reet, Factory, F	ARM, ETC.)	Rt.	295		C	CITY OR TOWN	Ann	e Aru	indel	Md.
										X,		7			
1			y that I toak cha	ſ				1			Inquiry L		in my opir	nian	
		death resulte	ed from: Na	tural causes L	: Acc	ident X	Suicide	, Hamici		Undetern	nined mann	er 🔲,			
	1	ACTUAL	M	٨٨	00			TITLE (SP	stant				DATE	2-6-80	0
		SIGNATURE	A	1	1	1	^	A.D. MODI	BUILD	MEDICA	AL EXAMINI	ER	SIGNED	,	
2		EXAMINER'S		nn M.	Divon	M.D.			111 1	Penn	St.				
		(TYPE OR PRI	***		DI YOU,			ADDRESS							
	230. BU	PECIFY)	TION REMOVAL	23b. DATE	080	23c. NAME OF				23d. LOC	ston	Harf	COUNT	Md,	STATE
	24 51	Buria		2-9-1	700	nignvi	ew Men	. Gard	250. DATE RE			25b. REGIST			
			ahn, 117	CO B. 7	ADDRESS	V:	477 - 1			13	1980			xe Cres	ly
	E.	r.Lass	ann, II/	bu pel	alr nd	• wringsa	TITE	10 - 5TOD	1					er.	

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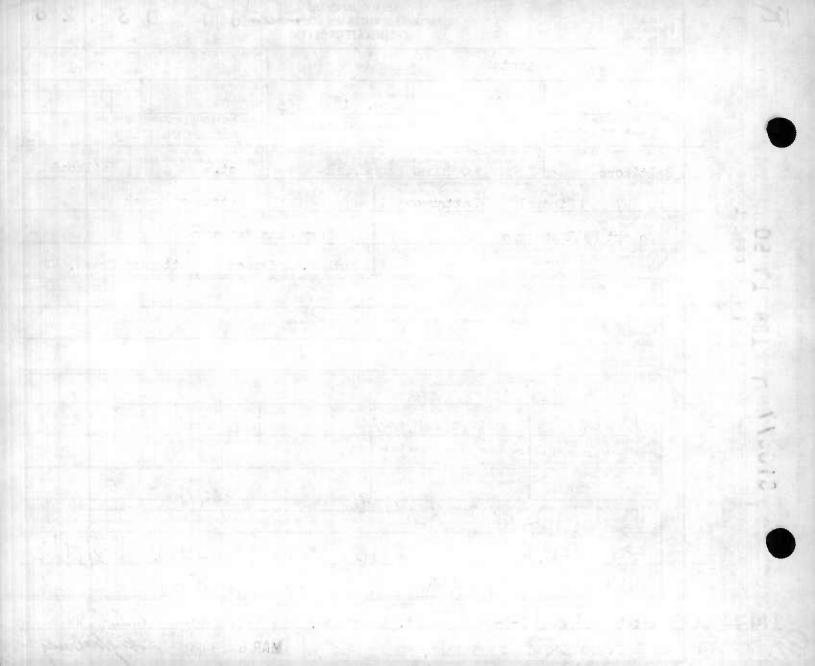
		STATE OF MARYLAND		
FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0 (0 3 4 2
IVAC OR BRILITY	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
MADELIN		AMES	2	5 80 1035
SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 2
FEMALE	BLACK	10 25 00	79 YRS	MONTHS DAYS HOURS
		1?	BALTIMORE CITY OR COUNT	TY OF DEATH
VIRGINIA	USA	WIDOWED DIVORCED	BALTO. CITY	
CITY OR TOWN OF DEATH			12a USUAL OCCUPATION	12h KIND OF BUSINES
BALTO, MD.			(TIPE OF WORK FOR MOST OF WORKING	WEI INDUSTRI
SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)	113. STREET ADDRESS	
MARYLAND BAI				57.
FATHER'S NAME	AMDOLE LAST		ME	LAST
	W. Mackey		61 00/0	ckey
WAS DECEASED EVER IN U.S.		CURITY NO 17 INFORMANT	ADDRESS	
No.	215-01-	9720 Gioria B. I	Howard 1723 Co	llington A
18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b),	and ics		BETWEEN ONSET AND
PART I DEATH WAS CAL	SED BY.			48 hr.
4821				
Conditions, if ony, which	(b)	OENCE OF		
gave rise to immediate	DUE TO OR AS A CONISTO	UENCE OF		
underlying couse lost	DOE TO, OR AS A CONSEC	DENCE OF		
PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
POSSIBLE	LUNG CANCER			
196 DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFORMED		ES, WERE FINDINGS USED
NONE				YES NO
216. ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
OR CONTRIBUTING LEAUSE OF		19		
214. INJURY OCCURRED	210 PLACE OF INJURY	211 LOCATION	CITY OF TOWN	COUNTY STA
WHILE AT WORK	(AT HOME, SIRES, PACIORY, OFFICE	E, FARM, ETC.)	CIII OKIOWA	2001111
22a I certify that (1) (this ha		FEB. 4 19 80	to FER 5	., 19 Sw , that (1) (w
saw the deceased alive above. (I) (we) (did) (did)	on FEB 5 19	ond that in (my) (our) opinion	death occurred on the date and he	our and from the couses sta
226. SIGNATURE	work the body offer degin.	DEGREE		22c. DATE SIGNED
andy R 7	willen ms	M.D ATTENDING PHYSICIAN	MEDICAL STAFF	2/5/80
	E OR PRINT)	22e ADDRESS	^	1-75/
ANDREW P. FR	IDRAPC MA	UNIV. MD. H	IOSP. BALTO MD	
			234 LOCATION	
(SPECIFY)	-1.1-		CITY OR TOWN	COUNTY STAT
	7 7 7			STRAR'S SIGNATURE
	Rice 1300 Ente			my hali
	REGISTRAR DECEASED NAME ITYPE OR PRINTI MADELIN SEX FEMALE BIRTHPLACE (STATE OR FORE GN COUNTRY) VIRGINIA CITY OR TOWN OF DEATH BATTO. MD. SUAL RESIDENCE (IF NURSING HOME BO STATE WAS DECEASED EVER IN U.S. (YES, NO OF UNKNOWN) IS CAUSE OF DEATH (Enter PART I. DEATH WAS CAU HAMED CONditions, if ony, which gove rise to immediate couse 101, stoting the underlying couse lost underlying couse lost PART 2 OTHER SIGNIFICAN FOSCIBLE WILL BUTTO CCURRED WHILE AT WORK 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DEATH (Ithis how sow the deceased olive obove. (I) (We) (did) (did 27b. SIGNATURE WHILE AT WORK 27d. PHYSICIAN'S NAME (TYP BUTTI A 1 FUNERAL DIRECTOR	RECASED NAME FIRST MADELINE SEX FEMALE BIRTHPLACE (STATE OR FORE GN COUNTRY) VIRGINIA CITY OR TOWN OF DEATH CITY OR TOWN OF DEATH BALTO. MD. SUAL RESIDENCE (IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE) STATE WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) IN YES, GIVE WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for 10), Ib). OR PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DEATH (Enter only one couse per line for 10), Ib). OR OR OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CO	DEPARTMENT OF HEALTH AND MENTAL HYCERTIFICATE OF DEATH CERTIFICATE OF DEATH AMDELINE SEX FEMALE BLACK BLACK BLACK BLACK BLACK BLACK BLACK FEMALE BLACK BLACK	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 ORG. NO. STATE REGISTRAR REG. NO. DECEASED NAME THE CHIENT OF HEALTH AND MENTAL HYGIENE 8 ORG. NO. DECEASED NAME THE CHIENT OF HEALTH AND MENTAL HYGIENE 8 ORG. NO. DECEASED NAME THE CHIENT OF HEALTH AND MENTAL HYGIENE 8 ORG. NO. DECEASED NAME THE CHIENT OF HEALTH AND MENTAL HYGIENE 8 ORG. NO. DECEASED NAME THE CHIENT OF HEALTH AND MENTAL HYGIENE 8 ORG. NO. SEX FEMALE BRITISHACE STATE ORDING NO. DECEASED STATE STATE ORG. NO. THE CHIENT OR HEALTH AND MENTAL HYGIENE 8 ORG. NO. THE CHIENT ORG. NO. THE CHIENT ORG. NO. THE CHIENT ORG. NO. THE STATE STATE STATE STATE ORG. NO. THE USUAL OCCUPATION THE USUAL OCCUPATION

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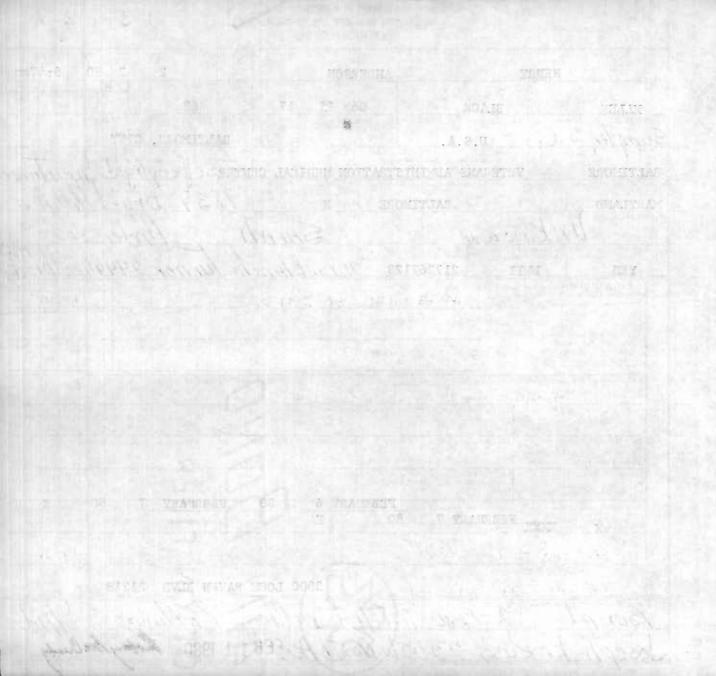


/		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	HENE 8 0	0 3 4 2 7
5	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
be ath		CEASED NAME FIRST	on LEE	Amos	20 DATE OF DEATH MON	
age 4 may rector, pag rs after de	3 SE		4 RACE B	S. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	WONTHS DAYS HOURS MIN
dearth. Pe		RTHPLACE (STATE OR FOREIGN DUNITRY)	16 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City Ore	(+)
by the fu	10 CI	oaltimore City	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION J ADDRESSI	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
AND 2120 AND 2120 And 24 hour filled in by uld be filed	USU.	AL RESIDENCE IN NURSING HOME OF TATE 136 COUP	ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 13C_CITY OR TOP	MN 134 INSIDE CITY LIMITS?	130 STREET ADDRESS	exington st
, MARYLA cuted with conted with and 2 should edical exam	14 FA	THER'S NAME FIRST LE	MDDLE AND S	15. MOTHER'S MAIDEN NA PLOYENCE	WE	Salpabury
be executed and control ages 1 are		VAS DECEASED EVER IN U.S. AR		URITY NO 17 INFORMANT	optin 521	We Leengton 5%.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DING PHYSICIAN: The law requires that the death certificate be executed within 24 hour strending physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed the and Mental Hygiene prior to burial, cremation, or removal. The medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be a strongly and the strongly are strongly and the strongly and the strongly are strongly and the strongly are strongly and strongly are strongly as a strongly are strongly and strongly are strongly are strongly and strongly are strongly are strongly are strongly are strongly and strongly are strongly and strongly are strongly and strongly are strongly are strongly and strongly are strongly are strongly are strongly and strongly are strongly a	Z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	JENCE OF	AINAL DISEASE OR CONDITA	ON GIVEN IN PART 1(0)
The law in The law shows an shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20	ID. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\sum \color \sum \co
DING PHYSICIAN: ttending physician. After this certificate s the burial-transit p th and Mental Hygie marked or Item 18:		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PART 2)
ENDING PHYSICIAN or attending physician or attending physician BR: After this certificate as the burial-transit leafth and Mental Hygician and Men	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
OB OF TEN		saw the deceased alive ar	tals attended the deceased from 2/10/19	, and that in (my) and opinion	death accurred an the date	and haur and fram the couses stated
H Hard		221 SIGNATURE 226. PHYSICIAN'S NAME (1795)	the	DEGREE ATTENDING PHYSICIAN [27e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSPITAL retained by the Ir TO FUNERAL E should be detach with the State D IMPORTANT: If	22	DAN	MORTON	MD 22 S. (Dreene St 1236 LOCATION	. 21201
402BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURITA/	15 7cb 80 236	Ut. Calvery Cam.	Bricklyh TE REC'D. BY REGISTRAR 25h	A A Co. Md.
DHMH-16 25M (VRA 15, 4) 1/79	Z4. F	UNERAL DIRECTOR NAME POSE // 7/	H 319 N. 5	throuder St.	FEB 1 3 1980	party

S - Serilla - Cres amount has Salt more 6 Es Butterned Chy barre at a feller throat Anyther a Burn Elg & S S S When SH When he says the Hope say When the - 1 92 15 al /2 74 Tal 5 - North all SQ (01) SQ (02) DAY PLATEN NO 22 S. may a St. 1 STANK



	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	U 3 4	6 7
		CEASED NAME FIRST	MIDDLE	LAST		MONTH DAY YEAR	26 HOUR
eo th	(TYPE	OR PRINT)	RY	ANDERSON		2 7 80	5:47am
1	3. SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI		
		MALE	BLACK	06 15 17	62	MONTHS DAY	S HOURS MIN
-		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1	150	impler 2 .C.	U.S.A.	WIDOWED DIVORCED	BALTIMOR	E, CITY	MD.
1	10 €	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	ON ISE KIND	OF BUSINESS OR
4	-	LTIMORE	VETERANS ADMIN	STRATION MEDICAL CH		mployer y	painlance
BS	130 3	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO INTY 13c CITY OR TO BALTI	WN 138 INSIDE CITY LIMITS?	137839	DruidA	till Ano.
-	-	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	h weeks	Andar	457
00	160 V	VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEC	URITY NO. (17 INFORMANT)	LADORE	ss	11 1710
l land		(IF YES, GI	WII 217267	14 01	he lurne	× 24446	nodbrook
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	inly one couse per line for (a), (b), c		1.52	BETWEE	NONSET AND DEATH
			TE CAUSE (0) ACUTE	utiel of bried			1 how
		3/89	DUE TO, OR AS A CONSEO	UENCE OF			
trou		Conditions, if any, which gave rise to immediate	(b)				7
other		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	JENCE OF			
		DART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INIAI DISEASE OD COME	DITION CIVEN IN DART	3
And C	Z	PPOR	APLE PHEUMOCOCI		VINAL DISEASE OR CONL	DITION GIVEN IN PART	101
1	CERTIFICATION	190 DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND	INGS USED
1	E				YES NO	IN CERTIFYING CAUSE YES	ES OF DEATH?
,	GR.	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR		RY IN ITEM 18, PART 1 OR PART 2	
	AL	OR CONTRIBUTING CAUSE OF DE		DAY YEAR			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOW	VN COUNTY	STATE
	>	AT WORK AT WORK	T. C. CORRE, STREET, TREFORT, OFFICE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		220.1 certify that (I) (this hasp	oital) attended the deceased from	FEBRUARY 6 19 80	FEBRUARY	/	. that (Me) last
		sow the deceased alive a above. (we) (did) XXXX	FEBRUARY 7 19.	80 , and that in (Xy) (our) opinion	deoth occurred on the do	ote and hour and from t	ne couses stated
		226 SIGNATURE	1 ~ ~	DEGREE	MEDICAL STAF		TE SIGNED
MPORIANI		Paymond.	H. Horcemy	ATTENDING PHYSICIAN [MEDICAL STAF DIRECTOR PHYSIC	IAN 🗆 2	17/80
-		22d. PHYSICIAN'S NAME (TYPE		27e. ADDRESS			
		PAYMOND F	FLORES IND /	3900 LOCI	H RAVEN BLVI	21218	1
	230.	BURIAL, CREMATION, REMOVA	1 23b. DATE 2	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY 99 COWN	4 COUNTY	(ASTATE)
		12UriA1	12-12-80 1	MI-HUDURN UM	10111	117727 6	Md.
5	24. F	UNERAL DIRECTOR	ADDRESS.	She Ala the FEE	REC'D. BY REGISTRAR	256. RESISTRALS SUN.	ATURE.
		aseph. L.	F1155 174	I IUINOZIA MIKICE	1 1 19811 1		JANA MA

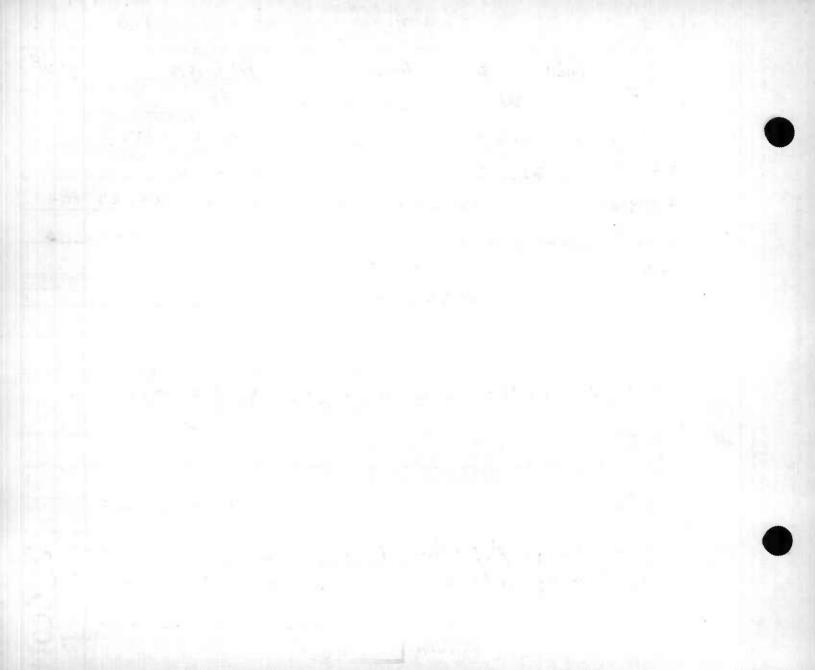


0			1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE 8 0	0	3 4	30
2	M		1. DE (TYPE	CEASED NAME FIRST OR PRINT! JAM	ES	MIDDLE		DERSON	2e. DATE OF DEATH	2/29	/80 /80	11:06A
1			3. SE		4 RACE		5. DATE (6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
The	100	O.L.C.	-	Male	Negr	0	3	4 21	58	YRS.	DAYS DAYS	HOURS MIN
0	100	, a	7e. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY C	OF DEATH	
R	des 0 72	2		S.C.	US		WIDOW	D DIVORCED	BALTIM	ORE C	ITY	MD.
8	the the			TY OR TOWN OF DEATH	11. NAME O	UCH FACILITY, GIVE STREET	DORESS]	OR OTHER INSTITUTION	12a USUAL OCCUPAT			OF BUSINESS OR
18	yd y	23		altimore	THE	JOHNS HO	DPK II	NS HOSPITAL				
No.	filled or uld be f	35	13e S	AL RESIDENCE (IF NURSING HOM TATE MD	E OR OTHER INSTITUTIO DUNTY	Baltimo		134 INSIDE CITY LIMITS?	13. STREET ADDRESS	ley A	venue	>
MARIN	cuted with	70	14 FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S MAIDEN NA/			_ tas	
N. N.	1 a		16a V	AS DECEASED EVER IN U.S.	ARMED FORCES	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRI			
*	be nage		,	ES. NO RUNKNOWN) (IF YES,	OIT WAS ON DATES	N/A		Esther Ganr	non 1741 F	barley	Aver	lue
STON ST., BA	death certificate ttending physicial carbon papers. ion, or removal.	nantinano		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	PIATE CAUSE (a)_	er line for (a), (b), and (A) (L) () OR AS A CONSEQUE	DUX	monary o	anest-		BETWEEN	MATE INTERVAL ONSET AND DEATH
J. PRE	quires that the guned by the at please remove burial, cremat	, or office		gave rise to immediate cause 101, stating the underlying cause last		OR AS A CONSEQUE	NCE OF					
RDS, 2	law requi	Diri Au	NO	PART 2 OTHER SIGNIFICAN	NT CONDITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 16	21
The Co	ne is t		CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
OF VIT	HYSICIAN: TR physician. uis certificate he ial-transit pern fental Hygiene			21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PAR	T I OR PART 2	
See	OING PH ttending p After this s the burie th and Me		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOV	VN	COUNTY	STATE
	ATTEN ittal or a ECTOR: or use a of Heal	2		27a I certify that (I) (this has saw the deceased alive above_(I) (we) (did) (did	on 2/29	19	2	nd that in (my) (aur) apinian o	to, to			that (I) (we) last causes stated
0	TAL OR y the hosp RAL DIR detached tate Dept			226. SIGNATURE ANGUL	Funk		/	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC		3/c	SIGNED /SO
	TO HOSPIT retained by TO FUNER, should be de with the Sta	1		DANA H	FRAN	K		THH				
	-		23e. E	URIAL, CREMATION, REMOV		18 18 18 18 COL		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	C	YTAUC	STATE
0805	BP		24 51	Burial	3/6/8	80 M	t. Ca	alvary Cem.	Baltime REC'D. BY REGISTRAN		Co	MD
	DHMH-16 25 (VRA 15, 4) 1		Wn	. C. March	F/H 1	101 E. No	orth	Section 1	AR 6 1980	pirt	R'S SIGNAT	Creaty

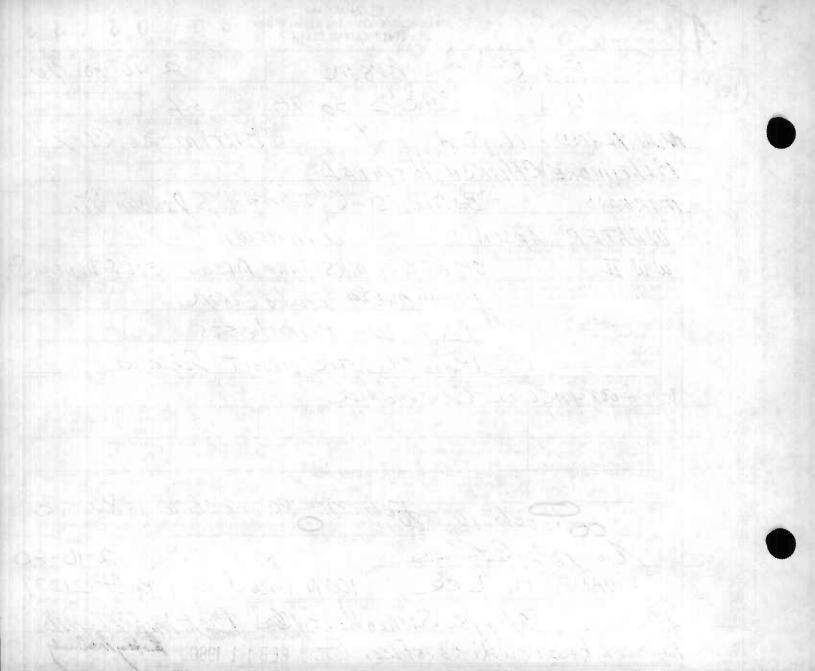
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO William MIDDLE I. DECEASED NAME 2n DATE OF DEATH 2b. HOUR Anderson (TYPE OR PRINT) 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 VEAR IF LINDER 24 MRS 3. SEX 5 DATE OF BIRTH MONTH HOURS Hite ale BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY) Baltimore City, MD Ohio WIDOWED DIVORCED [12b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bethlehem Roller DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE IN COUNTY 13d INSIDE CITY LIMITS? 5912 Shady Spring Avenue Maryland Baltimore Rosedale YES [NO X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLI William Anderson Nurminei Martha ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Ave. -2123 (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mrs. Ilmi E. Anderson-5912 Shady 218-10-2592 Spring Yes W.W.I APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse [o], stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à ō IN CERTIFYING CAUSES OF DEATH? be NOV YES [NO [buriol-tronsit Mentol Hygie 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 200 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINER PM == 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY ed or CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on ____ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (Il (well did) (did not) view the body after death DEGREE 22c DATE SIGNED 22h SIGNAT ATTENDING MEDICAL STAFF be deto FUNERAL uld be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME, (TYPE OR PRINT) £ 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL STATE COUNTY Feb. 22, 1980 Cremation Green Mount Crematory Baltimore Md. -21202 250. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Sander & Sons. Balto., Md. Henry Inc.

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		STATE OF MARYLAND		
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	DECEASED NAME FRST TYPE OR PRINT) FYMAN	is Apson	28 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
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23	COUNTRY) COUNTRY)	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIN	ORE CITY
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anid be	SUAL RESIDENCE (IF NURSING HOME OR OTHER I STATE 134 COUNTY FATHER'S NAME	DALIMORE YES NO	306 S.	PUNCAN ST.
and 2	WANTER AP	250N LAST 15. MOTHER'S MAIDEN N	YOW N MIDDLE	LAST
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Then please or to burial, any injury, o	PART 2 OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART T(a)
Hygiene prior to m 18 shows any i	1% DATE OF OPERATION /	6 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES
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detached for the Dept.	226 SIGNATURE	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
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H-16 25M (5, 4) 1/79	FUNERAL DIRECTOR AYMOND L. KACZORO	14/5d; 2525 F/FFT 87 134.01	TR 1 1 1000	THE STRATE SHOULD BE



120	STATE OF MARYLAND .
	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REG. NO. 0 3 4 3 4
(MA)	1 DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR (TYPE OR PRINT)
Clark.	Dorothea K. Arnold Feb. 18, 1980
de 1	3. SEX Female 4 RACE 5. DATE OF BIRTH April 18,1910 6. AGE (IN YEARS LAST BIRTHDAY) FUNDER 1 YEAR IF UNDER 24 HRS MONTH 18,1910 FOR THE APRIL 18,1910 FOR TH
9 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	To BIRTHPLACE ISTATE OR FOREIGN Lancaster, Penn. 75 CITIZEN OF WHAT COUNTRY? WARRIED NEVER MARRIED WIDOWED DIVORCED 8 MARRIED NEVER MARRIED WIDOWED DIVORCED
is ofter the by the fulled with	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS) 123 S. COLLINS AVE. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 124 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
LAND 212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13. STREET ADDRESS 207 5. Loudon Ave.
MARYLA mpletely ond 2 sh	Martin P. Brenenman Is MOTHER'S MAIDEN NAME Margaret Sanders Margaret Sanders
MORE, e execution on o	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212 09 8358 17 INFORMANT 300 Palmetto Drive Edgewood Md. 21040
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours, oftending physician. Ifter this certificate has been signed by the attending physician and completely filled in by as the buriol-stransis permit. Then please remove corbanapopers. Pages I and 2 should be filled in by the advanced Hygiene prior to buriol, cremation, or removal. The property of the property of the present of the medical examiner must be necessarily and them the property of the	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse iot, stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
AL RECOR	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18, PART 1 OR PART 2)
ON OF VITAL R 14YSICIAN: The I ding physicion. is certificate has buriol-stransit pe Mental Hygiene Mental Hygiene or Item 18 shows	OR CONTRIBUTION CONTRIBUTION HOUR A.M. MONTH DAY YEAR
DIVISION DING PHYS or attendin After this of the os the bu	OR CONTRIBUTING C CASE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 216 INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK AT
TTENDII TTENDII TOR: A for use of Heol	270.1 certify that (1) (this hospital) extended the decrosed from April 19, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated
TAI OR A yy the hos, yy the hos, the hose to detoched to detoched to the bept. NT: If Item	226. SIGN LIFE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN TO FE A 198
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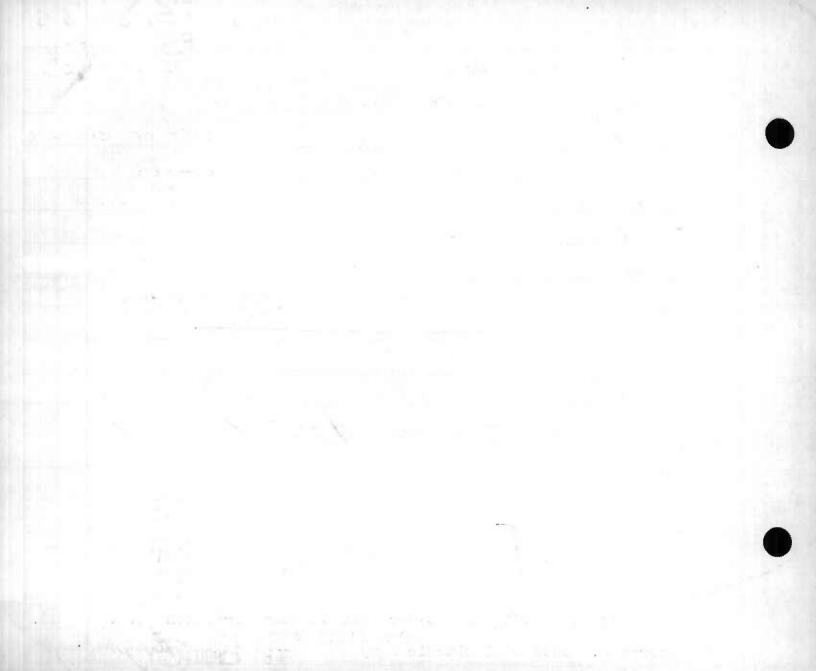
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	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 Q	0 3	4 3 5	
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e ha OIRE chea Dept	276 SIGNATURE	S.	d	D	EGREE			2c. DATE SIGNED	
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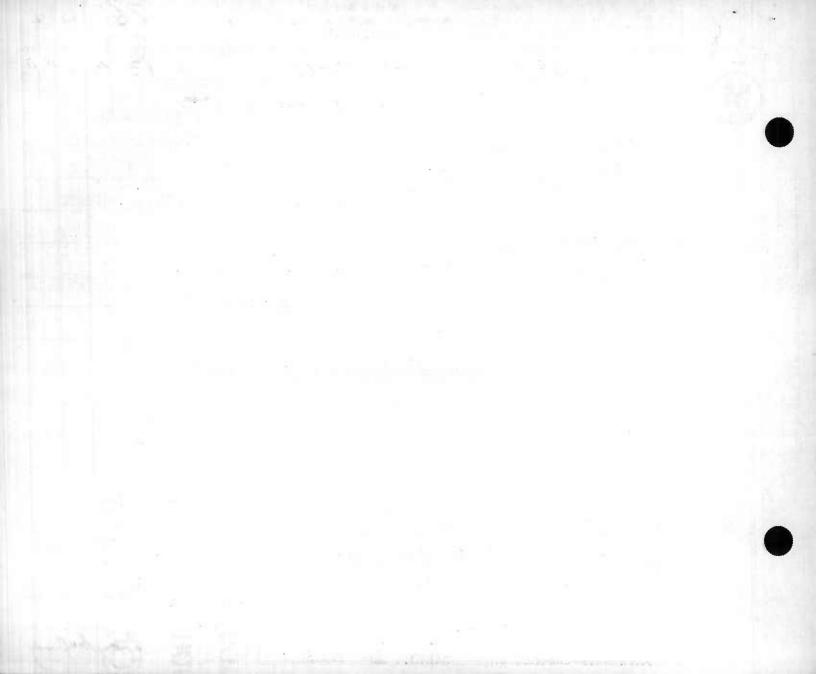


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8ALTIMORE,	ond ond Poges	medica	16a V	VAS DECEASED EVER IN U.S. (IF YES,	GIVE WAR OR DATES)		SECURITY NO.	17 INFORMANT					Ave.
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۵	NDIN I or R: Afr	s mo		22a.1 certify that (1) (this ha	spital) ottended t	e decease fro	om	-/6	19 50	_, to	19 18	, the	ot (I) (we) lost
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19 1 1 1 2 1 WELLE 1173 - 57 P. 18 ELLENDING BUT COURT ATTENDED TO THE PROPERTY OF THE PROPERTY O a rese am Barbara 2014, out - L. R. J. Con 551 HOMER STANDS No Notice and Relief without the little lives which Carried Market 1 (1987 Sci 1971) Karamanan Karaman Language Market Mark

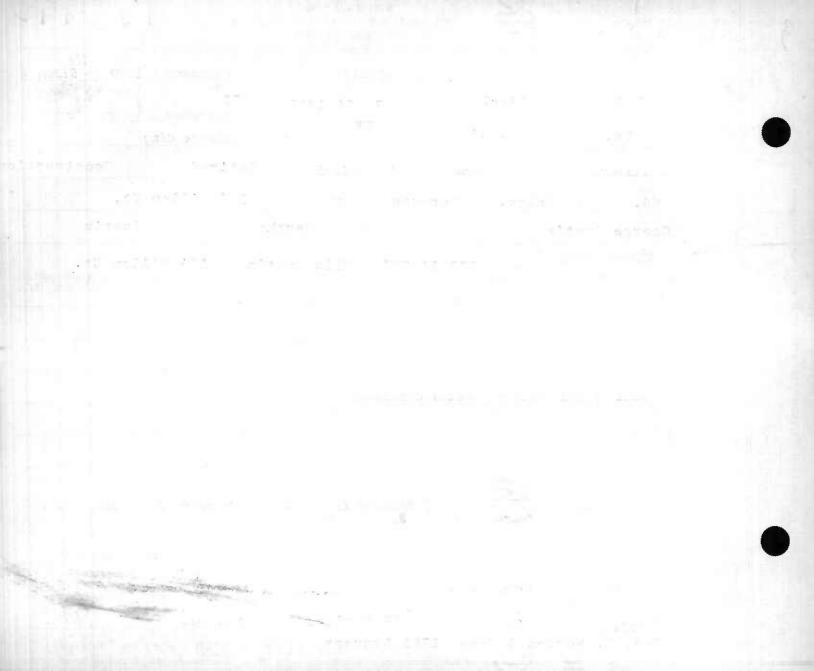


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH I. DECEASED NAME (TYPE OR PRINT) ARTHUR 3 SEX MONTH MALE WHITE 80 To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY COUNTRY MARRIED NEVER MARRIED Baltimore City Maryland WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR Retired Machinist Baltimore St. Agnes Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 333 S. Gilmor St. 13g STATE 136 COUNTY Baltimore Maryland YES IXX 14 FATHER'S NAME D. Minnie Fuch Harry Ault 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) A705-03-9500 Miss Minnie Ault, 333 S. Gilmor Street no APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Branchopmeumonia IMMEDIATE CAUSE hypertrophy and history a Canditians, if ony, which gave rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or DIVISION OF VITAL RECORDS, CERTIFICATION prior 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? š 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (EM ER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21 is marked ar Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 11.30 22a.1 certify that (this haspital) attended the deceased fram. 80 and that in ((aur) opinian death accurred an the date and haur and fram the causes stated obave, (V(we) (did) (did tot) view the body ofter death 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS JOAN WHITEHOUSE -230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 3/1/80 Loudon Park Cem. Baltimore Maryland Burial 24. FUNERAL DIRECTOR 1630 Edmondson Ave. Catonsville, Md 250 DATE REC'D. BY REGISTRAR 150 RESISTANT DHMH - 16 50M 1/76

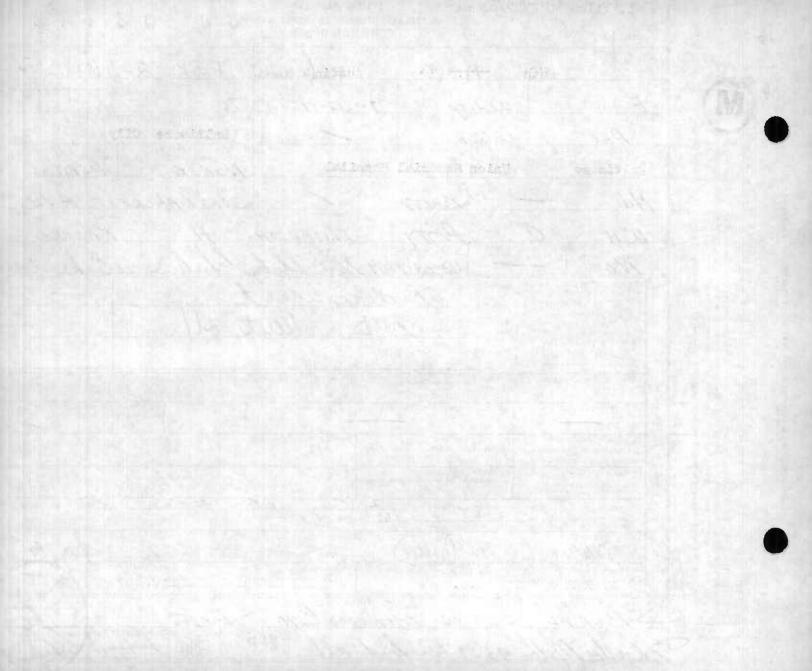
Witzke Funeral Home of Catonsville, P.A. 21228

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/	11.	DEPARTMENT OF HEALTH AND MENTAL HYGIEN® 0 3 4 2
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OR ATTEN OR ATTEN DIRECTOR Sched for u Dept of He		sow the deceased alive on 2-23, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove. (1) (we) (did) (did nat) view the bady after death.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	2		sow the deceased alive a above, (I) (wd) (did) (did)	N view the body	19	80.0	nd that in (my) (aux) opinion	deoth occurred o	p the dote and	hour and	from the	couses stoted
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		24 F	UNERAL DIRECTOR	5/5		паке		TE-REC'D, BY REG				
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Solon Auto. 116 Wilson Blvd., S.W. Bess Same as # 13 Mrs. Ethel G. Baer (wife APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.15 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 2.21.80. Buria 25 FEB'80 Mountain View Cem, Clifton Forge, Alleghany BY REGISTRAR 256. REGISTRAR'S SIC MATU ERAL HOME GLEN BURNIE, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖁

CERTIFICATE OF DEATH

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IF UNDER I YEAR

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2a DATE OF DEATH

DHMH - 16 50M 1/76 (VR A 15 (4))

FOR - STATE

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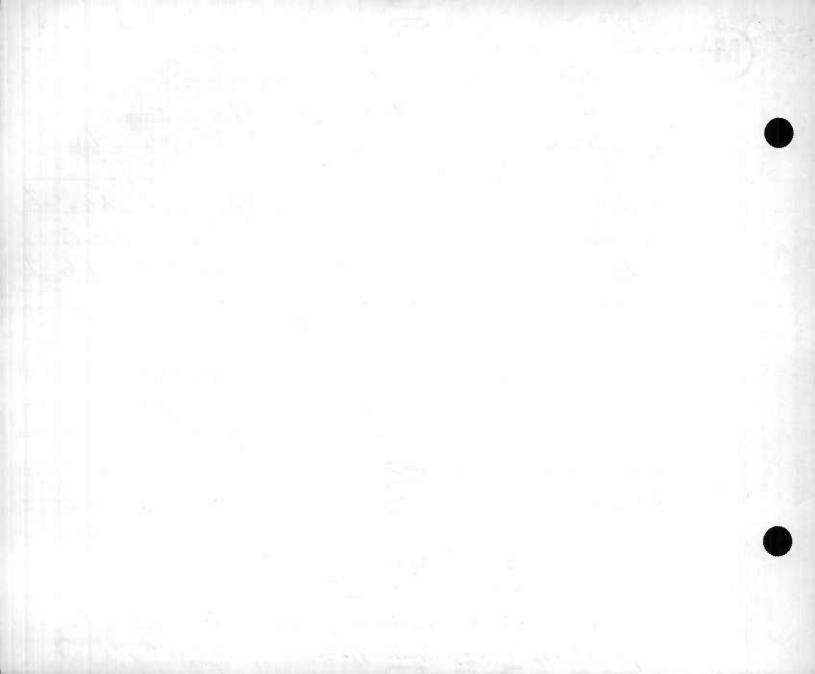
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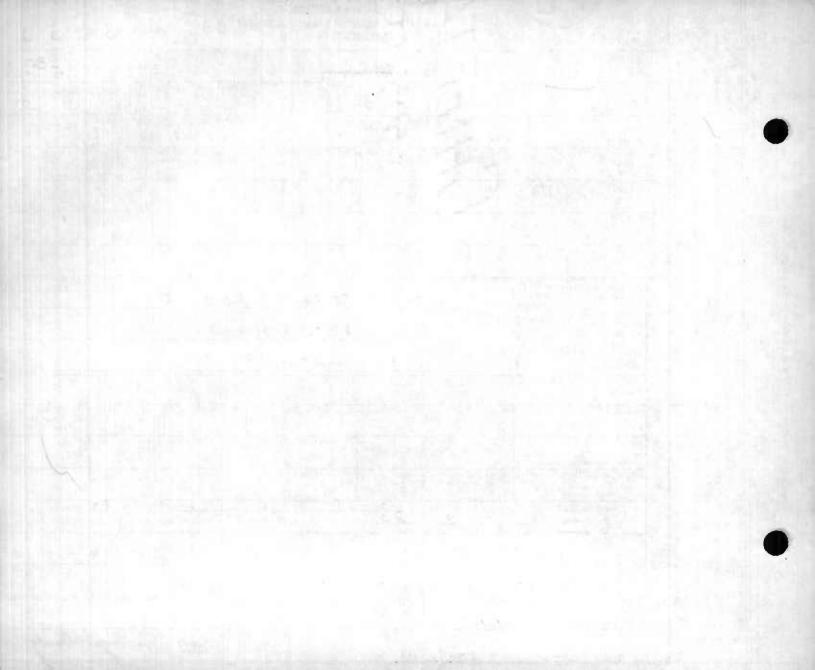
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Anatomy Board



Catonsville. Md.

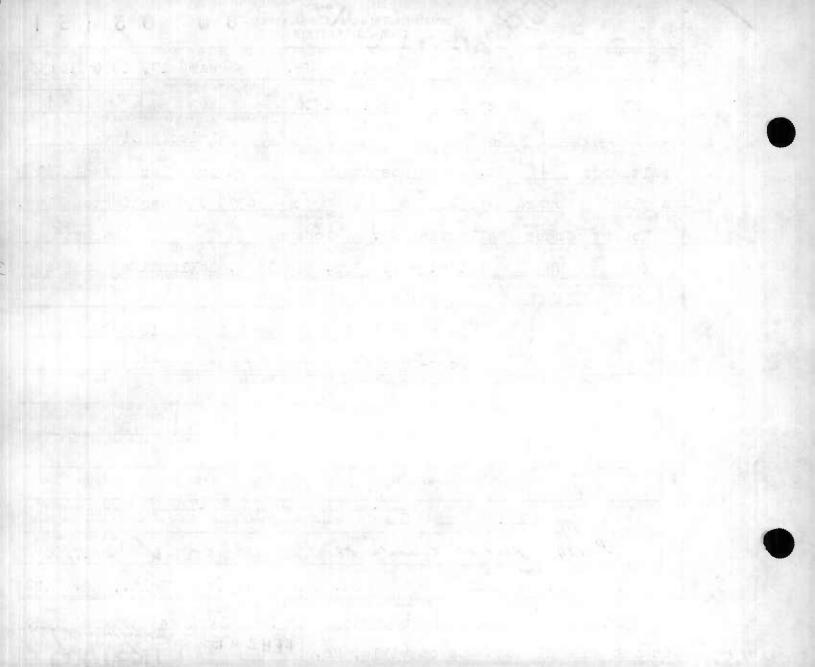
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

MacNabb Funeral Home

(VRA 15, 4) 1/79



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(VRA 15, 4) 1/79

Anatomy Board

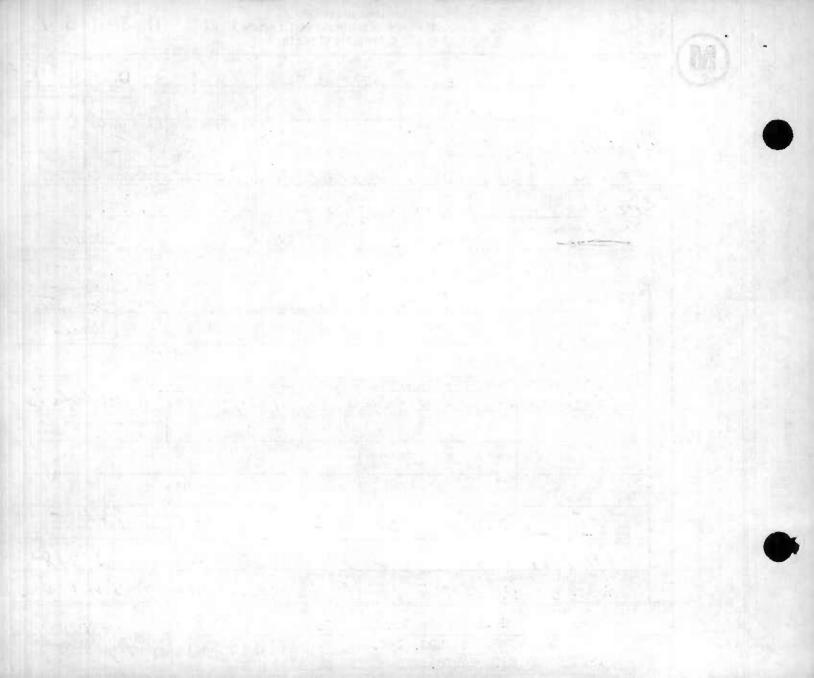
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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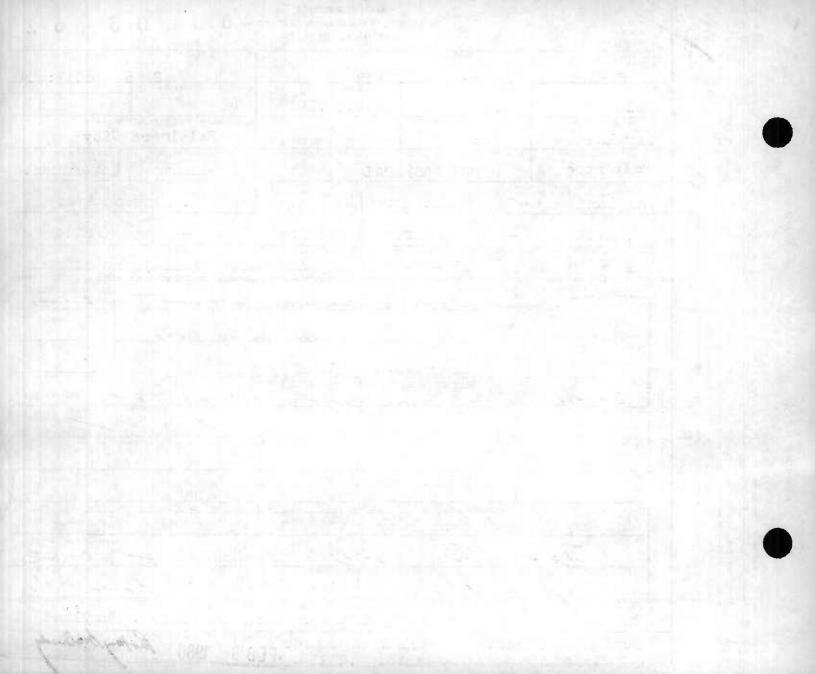
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DIVISION OF WITH A PRESTON ST., DIVISION OF PHYSICIAN. The low requires that the death certificate has been signed by the ottending plast this certificate has been signed by the ottending plast he buriol-transit permit. Then please remove corbang the and Mental Hygiene prior to buriol, cremation, or removed or them 18 shows any injury, or other troumotic events.			Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTING			MINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
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∑ 6 F 2 2 ₹		23a.	BURIAL, CREMATION, REMOVA	L 23b. DATE		CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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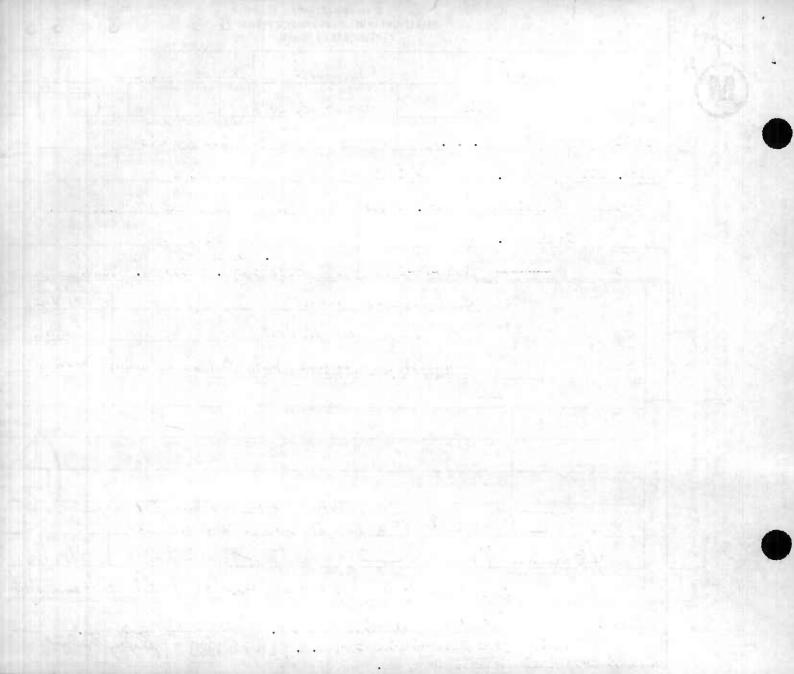
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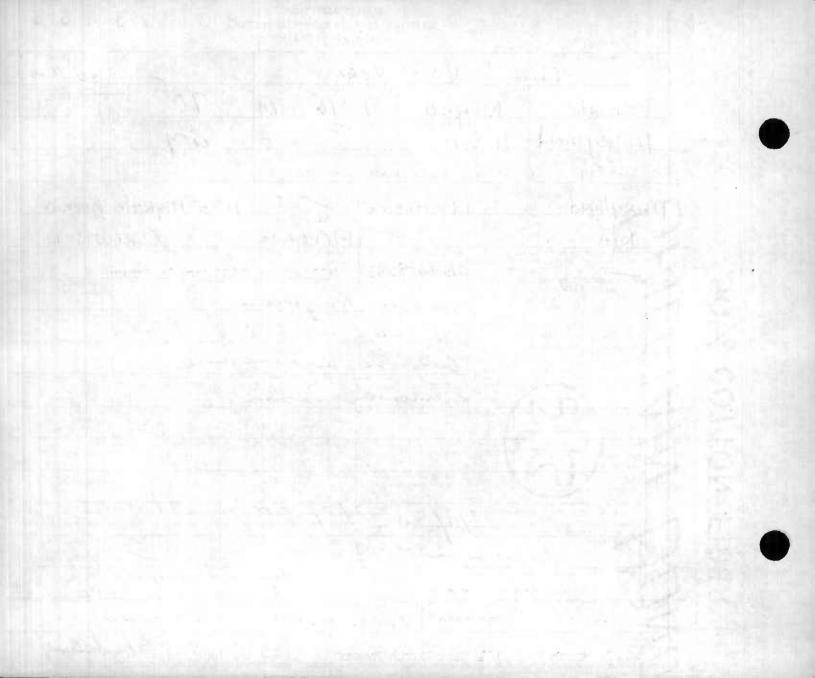
FOR - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

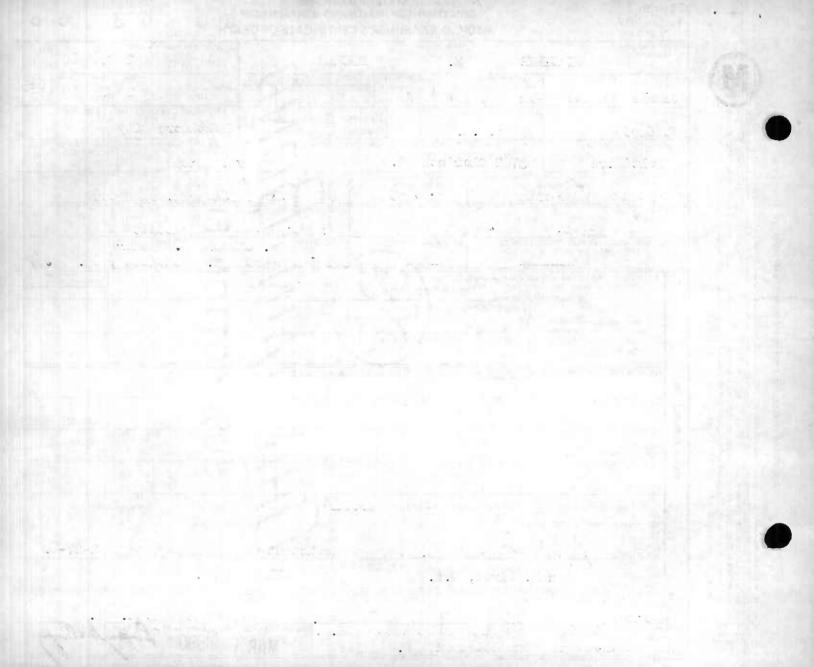


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<i>s</i> ≤	BURIAL, CREMATI		236. DATE 2/22	/80	Oak L		CREMATORY	23d. LOCATI CITY OR T		COUN	Ma:	ryland
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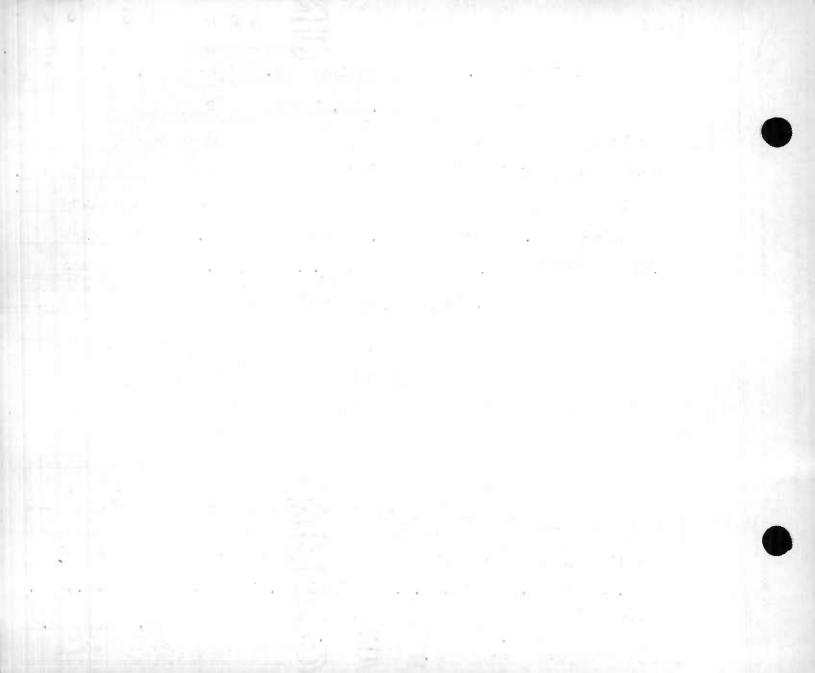
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STATE OF MARYLAND

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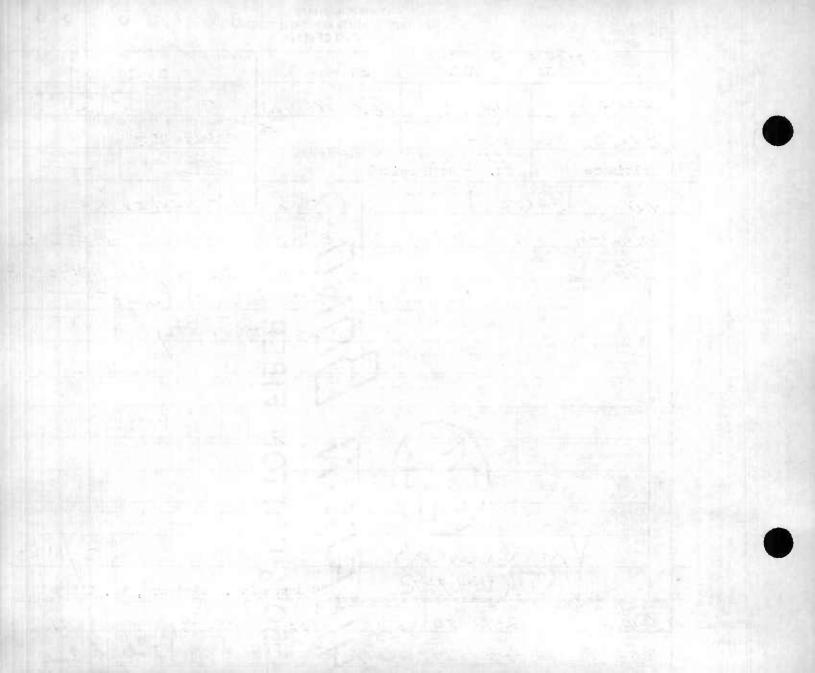


TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral directions about be detached for use as the burial-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filed within 72 hours an with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 1/76 (VR A 15 (4))

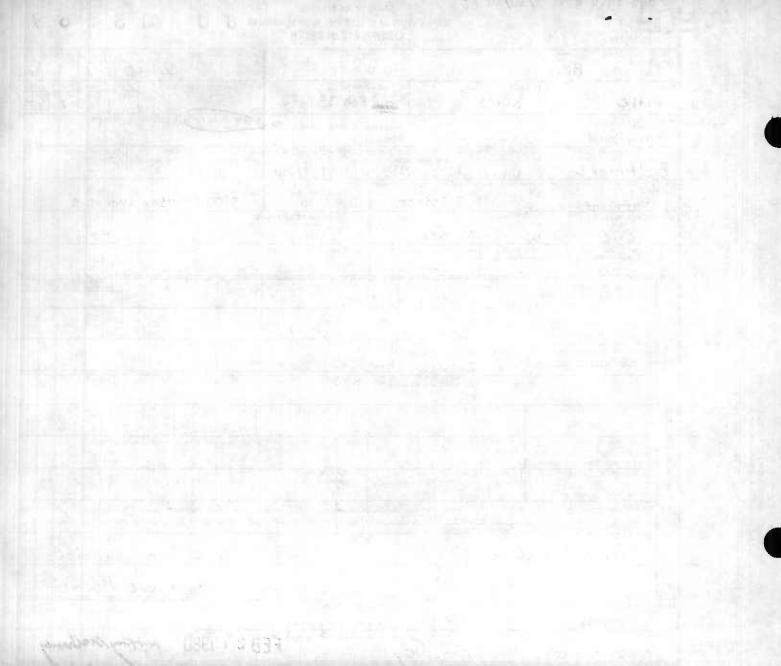
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page retained by the hospital or attending physician.

	- STATE			HYGIENEO U	
	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DE	ECEASED NAME MAR	A DOROTHY	LAST	20. DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
11111	BABY	GIRL	BELL	2	10 80
3. SE	EX	4 RACE	5 DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDA	
1	FEMALE	WHITE	FEB 8 198	0 0	YRS DAYS HOURS M
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF DEATH
1	BALTO MD.	USA	WIDOWED DIVORCED	Baltimore C	ity
	Baltimore	11. NAME OF HOSPITAL, NURS (JENOT IN SUCH FACILITY, GIVE STREE St. Agnes Hos	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	
		OTHER INSTITUTION GIVE RESIDENCE BEFO			
13a	STATE	INTY 13c CITY OR TO	WN 13d. INSIDE CITY LIMITS	39 130 STREET ADDRESS	
11	110 1017	210	YES NO	313 HAR	LEM LA
14. F/	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	MIDDLE 3	LAST
_	ULLLIAM	TO BELL	TERRI	ANN	METZGA
	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
,	NO	- Control	WILLIAM	T. BELL	315 HARLEM
	Conditions, if any, which		1 DUVV	01-11-10	
RIFICATION	19a Date of Operation		UENCE OF D DEATH BUT NOT RELATED TO THE T	20a AUTOPSY? 20	ION GIVEN IN PART 1(0) Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \) NO \(\text{NO} \)
CERTIFICATION	couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T H OPERATION WAS PERFORMED 216. HOW INJURY OCC	20a AUTOPSY? 20	DE IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
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	COUSE (0), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFEITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE 22a. I certify that (I) (this has sow the deceased alive or obove, (I) (we) (did) did or 22b. SIGNATURE	IPB CONDITIONS CONTRIBUTING TO IPB CONDITION FOR WHIC 21b. TIME OF INJURY HOUR A.M. MONTH [P.M. A.M. A.M. A.M. MONTH [P.	DEATH BUT NOT RELATED TO THE T H OPERATION WAS PERFORMED DAY YEAR 19 216. HOW INJURY OCC STREET , FARM, ETC.) DEGREE ATTENDINI PHYSICIAN 222 ADDRESS	20g AUTOPSY? YES NO CURRED (ENTER NATURE OF INJURY IN CITY OR TOWN 10 nion deoth occurred on the dote G MEDICAL STAFF	Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH' YES NO COUNTY STAT COUNTY STAT 19 , that (I) (we and hour and from the causes state 22c. DATE SIGNED

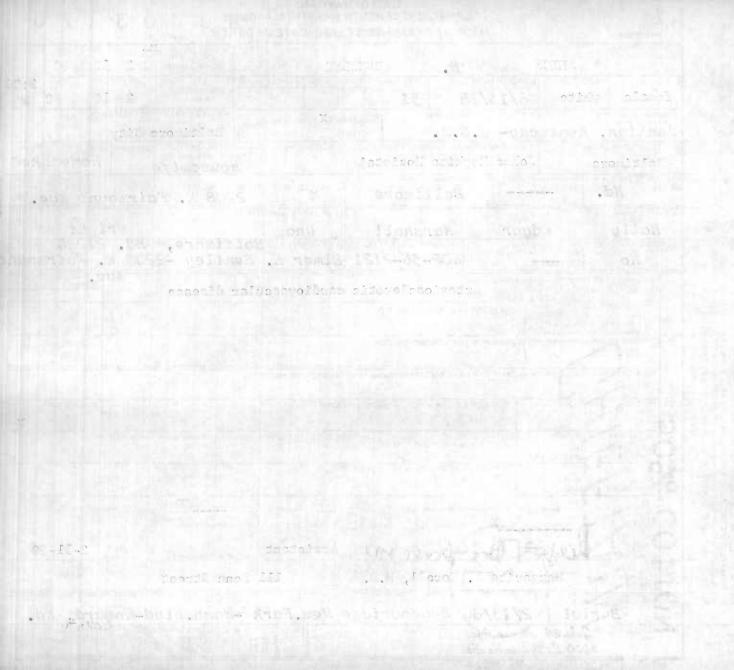


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ge 4 may	3 SE	nale	Black	t	S. DATE C			GE JIN YEARS LAST BIRT	HDAY)	WHOSE I YEAR	HOURS MAI
rerail in 72 in ited	C	RTHPLACE ISTATE OR FOREIGN DUNIAY)	USA	WHAT COUNTRY?	1	NEVER MARRIED	N N	ALTIMORE CITY	R COUNTY O	OF DEATH	110
the fundamental	10 CI	TY OR TOWN OF DEATH altimore	11. NAME OF H	H FACILITY, GIVE STREET	IG HOME C	ROTHER INSTITUTION	N 120. (TYP	USUAL OCCUPATION WOST OF		126. KIND OF INDUSTRY	BUSINESS OR
10 2 1 20 Illed in by the filed in by the file	USU	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION	13c CITY OR TOW	ADMISSION)	yland Ho	TS? 13e :	child STREET ADDRESS			
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xecuted xecuted medical and 2	lán V	Eric VAS DECEASED EVER IN U.S. AR	W RMED FORCES?	Ben 166 SOCIAL SECU	RITY NO.	Eldora	ز	ADDRE	SS	Ben	
BALTIMORE, MARYLAND 2120 ificate be executed within 24 hour ysician and completely filled in by pers. Pages 1 and 2 should be filed oval. event, the medical examiner must			E WAR OR DATES)	-		-				200	ATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DING PHYSICIAN: The law requires that the death cer- strending physician. After this certificate has been signed by the attending pl- ss the burial-transit permit. Then please remove carbon pi th and Mental Hygiene prior to burial, cremation, or rem marked or Item 18 shows any injury, or other traumatic	NOI	Conditions, if any, which gove rise to immediate couse (o). Stoting the underlying couse lost PART 2 OTHER SIGNIFICANT	(b) DUE TO, OF		e nce of labor	prematuri t		DISEASE OR CON	DITION GIVE	N IN PART 1(o)	
JIAN: The la cian. Jian: The la cian. Jian: Permit. Hygiene pric. 1 8 shows a	CERTIFICATION	19a DATE OF OPERATION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED OF DEATH?
PHYSICIAN By physician. his certificat riral-transit p Mental Hygin		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.	M. MONTH DA	YEAR	21c HOW INJURY OC	CCURRED)	ENTER NATURE OF INJUI	TY IN ITEM 18, PAI	T I OR PART 2)	
DING PHY trending ph After this c s the burial th and Men marked or	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	VN	COUNTY	STATE
TOR USE HER		220.1 certify that (1) (this hosp sow the deceased alive an above, (1) (we) (did) (did no 22b. SIGNATURE	febr	vary 1819 9		d that in (my) (our) op	80 , o	occurred on the do			
PITAL by the ERAL detac State (Elaine V. L	Velson,	mD		ATTENDITE PHYSICIA	ING ME	DICAL STAI ECTOR PHYSIC	IAN 🛛	2/18/	
TO HOSPITAL OR AT retained by the hospital TO FUNERAL DIREC should be detached for with the State Dept. of IMPORTANT: If Item		Elaine V.	Wilson			22 S. gre			timore	, Md a	21201
BP	230. B	URIAL, CREMATION, REMOVAL PECIFY) Removal	23b. DATE 2/2/	/E0 23ch	AME OF C	EMETERY OR CREMAT	ORY 23	ELOCATION CITY OR TOWN	C	OUNTY	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24. FU	NAME Anatomy Board		ADDRESS Balto., M	Id.	250	FEB	D. BY REGISTRAR	256. REGISTR	AR'S SIGNATU	Tready

added info g541 3/10/80 gj



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26. DATE KNOWN MONTH (TYPE OR PRINT) ESTI-ALICE 19 80 M. BENTLEY DEATH MATED 10 4 RACE SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2434026 2c. DATE PRONOUNCED female. white 8/13/28 10 DEAD 7b. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Jenkins. Kentucky- U.S.A. WIDOWED DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Homemaker Johns Hopkins Hosiptal Baltimore Housewife USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13. STREET ADDRESS 2208 E. Fairmount Ave. Md. 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Hallu Wright 2 Marshall Una Edaar Baltimoreopress Md. 21224 166. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT DIVISION 402-36-2121 Elmer E. Bentley -2208 E. Fairmoun No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PARTI DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease AUP APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 TO BURIAL YES [] NO X 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e. PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes X death resulted from: Homicide Undetermined manner 2-11-80 EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE MEDICAL EXAMINER SIGNED Margarita A. Korell, M.D. 111 Pean Street EXAMINER'S NAME (TYPE OR PRINT) 236 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 2/13/80 Meadowridge Mem. Park Burial -Wash.Blvd-Howard. 24 FUNERAL DIRECTOR John H. Moran Dores. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** (VR A15 ME (5)) 3000 E. Baltimore St. 15M 7/77 Baltimore, Md. 21224

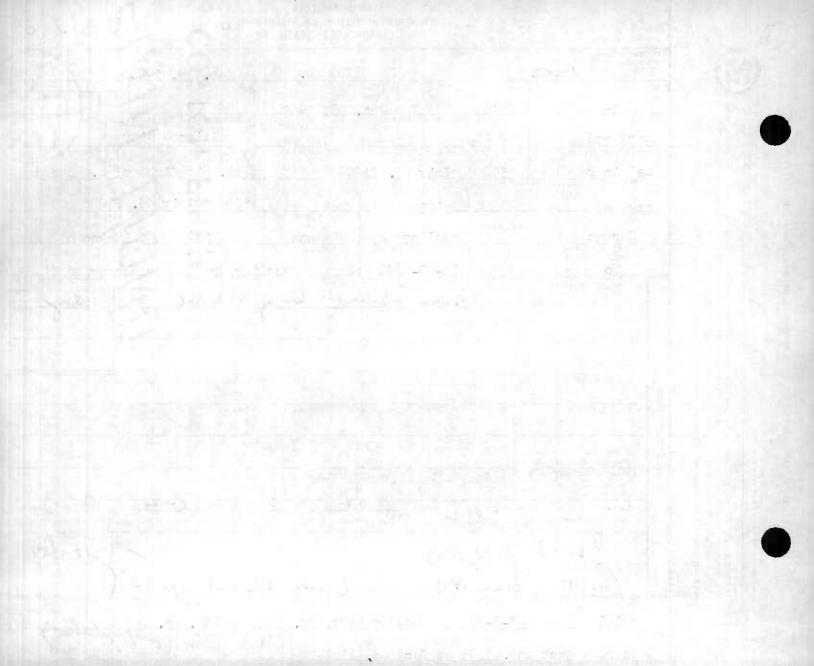


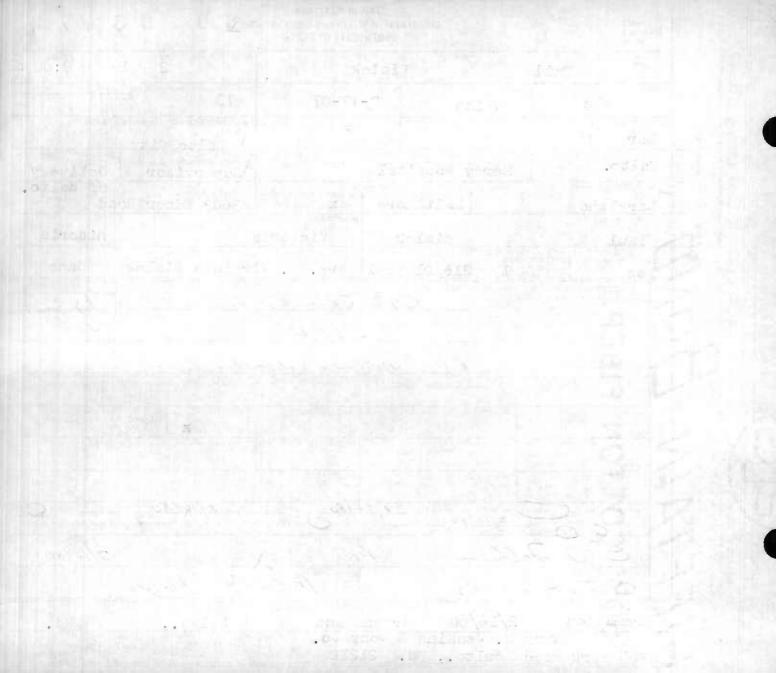
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F.	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY		NDER 24 HRS
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	Ja. BIRTHPLACE (STATE OR FO			9 BALTIMORE CITY OR CO		
35	Maryland	USA	WIDOWED DIVORCED	12 7 1	City	MD.
	10 CITY OR TOWN OF DEA		NURSING HOME OR OTHER INSTITUTION		126 KIND OF BU	
by the filled with	Baltimore	(IF NOT IN SUCH FACILITY, G	ir Rd. 21206	Ret. Firefig		ard
pe pe		ING HOME OR OTHER INSTITUTION, GIVE RESIDE	NCE BEFORE ADMISSION)		11001 1- 0. 110 W	21 (1
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\$00	Herman		LAST FIRST	MIDDLE	/TT1	
	160 WAS DECEASED EVER	IN U.S. ARMED FORCES? 166 SOCI	Ling Anna IAL SECURITY NO. 17. INFORMANT	ADDRESS	(Unknown)	
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Mentol or Item	(IF EITHER, NOTIFY MEDIC	ALEXAMINER) P.M.	19			
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FUNERAL old be detre to the State ORTANT: I	22d. PHYSICIAN'S NA	AME (TYPE OR PENT)	PHYSICIA 22e ADDRESS	DIRECTOR PHYSICIAN	1221	-
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	230 BURIAL, CREMATION, (SPECIFY) Burial	3-3-80	23c. NAME OF CEMETERY OF CREMATO	Balto Md.	COUNTY	STATE
6 50M 1/76	24 FUNERAL DIRECTOR		DRESS 250	DATE BEC'D. BY PEGETRAR 256.	EGISTING STUTHE	-
A 15 (4))		Ruck Inc. 5305 Ha		AK J IJOU J	. /	





FRANCIS J. COLLETINS

FOR

24. FUNERAL DIRECTOR

DHMH-16 25M (VRA 15, 4) 1/79 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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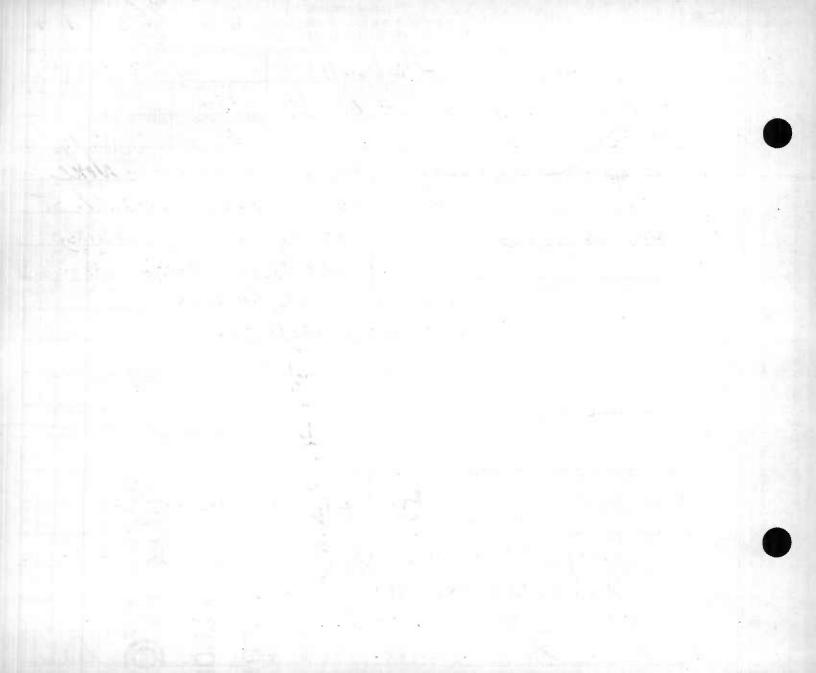
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JOSEPH JOHN BITTINGS FEB 19,1990 HE MALL WHITE THE BUILDING BALTO, C ny MAKETERIA C. S. B. L. M. MAKETERIA Sauro Crry Hassou F Loria N. R. IL BRIDGE TO BE STATE THE PARTY. Cardingson alone about Oderston Summer Summer Ballon of The In Sect 49 19 3680 Million State of the Mills of the water will

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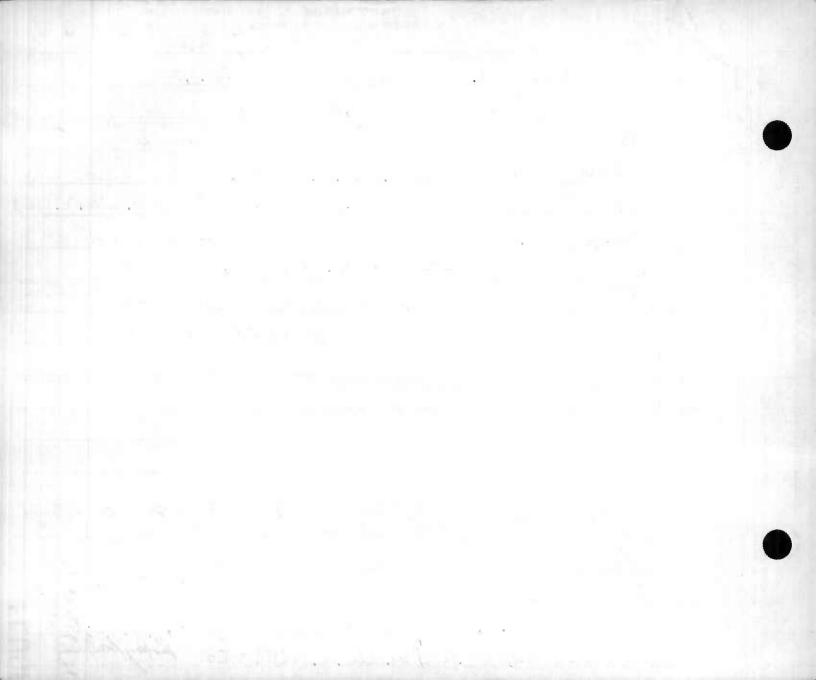
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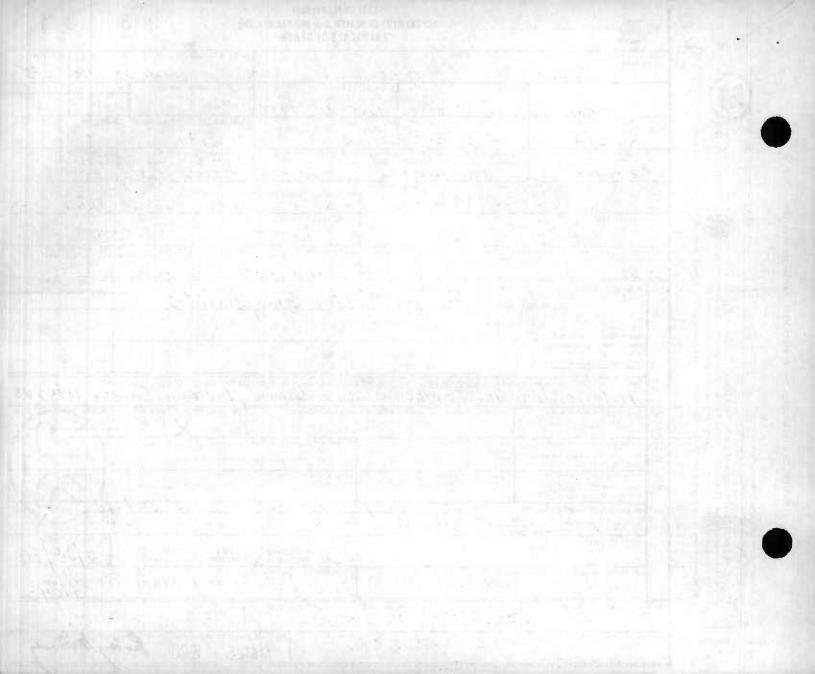
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	OR ATTEN ne hospitol DIRECTOR: pached for up	Herr		276 SIGNATURE	m'		DEGREE		22c. DATE SIGNED	
		Ţ.		10.00			MID ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	2/28/	80
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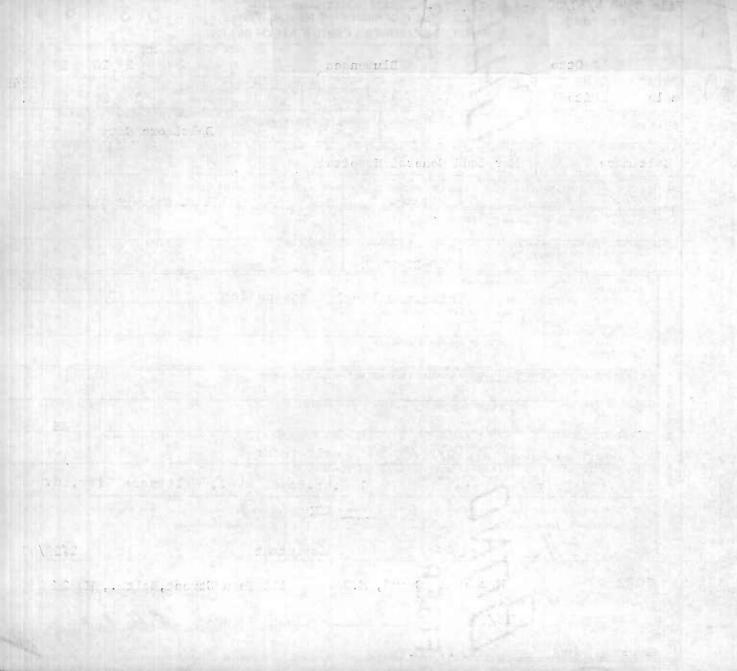
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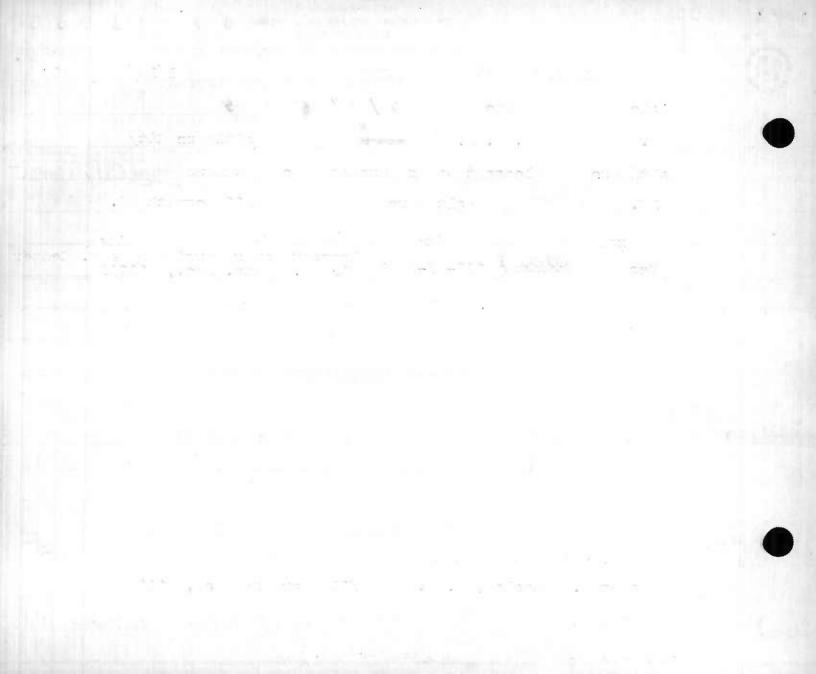
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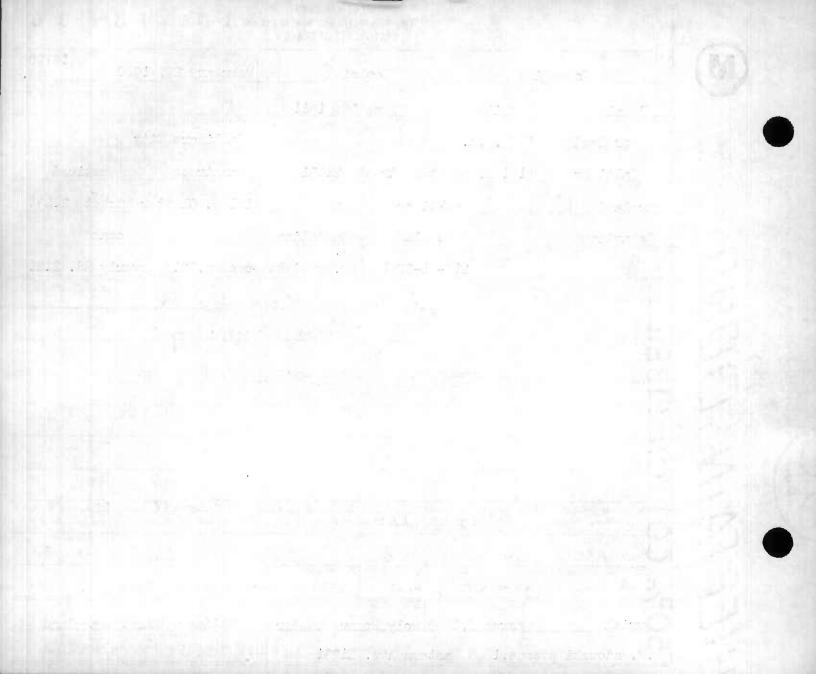
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ath certifical ding on site of removal cumatic ever		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	CACOLOC CACOLOC	7000	£5			SETWEEN C	MATE INTERVAL DISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, IOING PHYSICIAN: The law requires that the death certificate be exented physician. After this certificate has been signed by the attending Divisional process the burial-transit permit. Then please remove carbon and set in and Mental Hygiene prior to burial, cremation, or removal. marked or Item 18 shows any injury, or other traumatic event, the me		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)_	PRAS A CONSEQUE	She	DEPAKTIVE OF LIVE		82		
w requirem signed Then ples or to burinany injury	NO	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D		NOT RELATED TO THE TERMI			N IN PART I (o	-
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by the hosp by the hosp ERAL DIR e detached 'State Dept.		226. SAGNATURE	delive	NO .		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	IAN 🕘	272 DATE	SIGNED
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085° = 3 =	-	Burial, Cremation, removal Burial	236. DATE 2-26-			Cemetery OR CREMATORY	Varrento	n, N.C		STATE
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		m G542 4/30/80 FOR 22a dad REGISTRAR	Items 18,216— STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE () MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 3 4 8 4
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State of the second of the sec		RTHPLACE (STATE OR DREIGN COUNTRY)	MARRIED NEVER MARRIED	ore City MD.
DELAY IS N TO THE FU PAGE 5 BE FILED, SS, 301 W.		altimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SICH FACILITY, GIVE STREET ADDRESS) Maryland General Hospital	TYPE OF WORK 126 KIND OF BUSINESS
AND 3 RETAIN HOULD		AL RESIDENCE (IF IN NURSING HON TATE 13b. CON	SE OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION) JINTY 13c. CITY OR TOWN Balto. 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS YES NO 1121 N. C.	alvert St.
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TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL E BAITMORE, MA	220 0	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVA	Hormez R. Guard, M.Daddress 111 Penn Street,	Balto., MD 21201
BP	1	Removal UNERAL DIRECTOR	3/13/80 MAR 10 1030	COUNTY STATE
(VR A15 ME (5)) 15M 7/76		Anatomy Board	ADDRESS Balto., Md.	1







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of H		sow the deceased alive or above, (I) (we) (did) (did n		4	19 80 .01	nd that in (my) (our) opinion	death occurred on the d	ote and ha	ur and from the	couses stated
IREC hed ept. tem		226. SIGNATOR	or view the body	oner dedin.		DEGREE			22c. DATE	SIGNED
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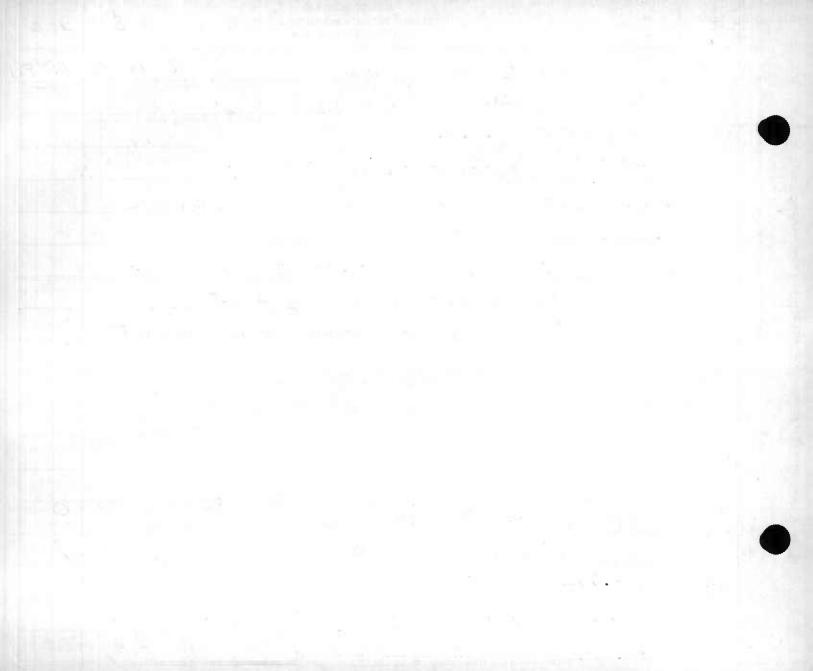
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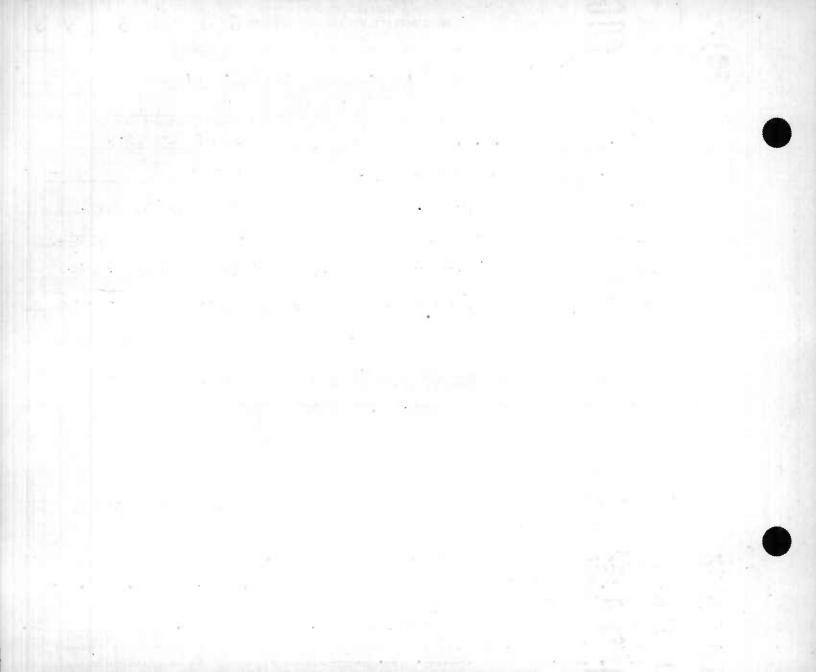
STATE OF MARYLAND

FOR

(VRA 15, 4) 7/7B

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN 2b. HOUR (TYPE OR PRINT) DEATH MATED X Helen Boston 1019 80 2d HOUR 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE LAST BIRTHDAY PRONOUNCED 12 36 Female White DEAD 1419 80 TO THE FUNERAL PAGE 5 FOR YOUR BE FILED, WITHIN 7 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore, Md. U.S.A. DIVORCED. WIDOWED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK Baltimore City Elliott Street OF VITAL RECORDS, Baltimore, Md. 13d. INSIDE CITY LIMITS? 3232 Elliott Street 13a. STATE Baltimore City Baltimore YES T NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robert Grace Bruce Boston 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Westminster, Md. 21157 DIVISION (YES, NO, OR UNKNOWN) Richard B. Boston APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Acute carbon monoxide intoxication DUF TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, NO V 71g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR 10 MEDICAL CONTRIBUTING CAUSE OF DEATH 70 1980 inhaled exhaust from faulty chimney 21e PLACE OF INJURY (ATHOME 21f. LOCATION 21d. INJURY OCCURRED COUNTY STATE STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE X THE STATE IND, 21201 PI Balto Elliott St. MD home and in my apinion 22a. I certify that I took charge TO MEDICAL EXAMIN

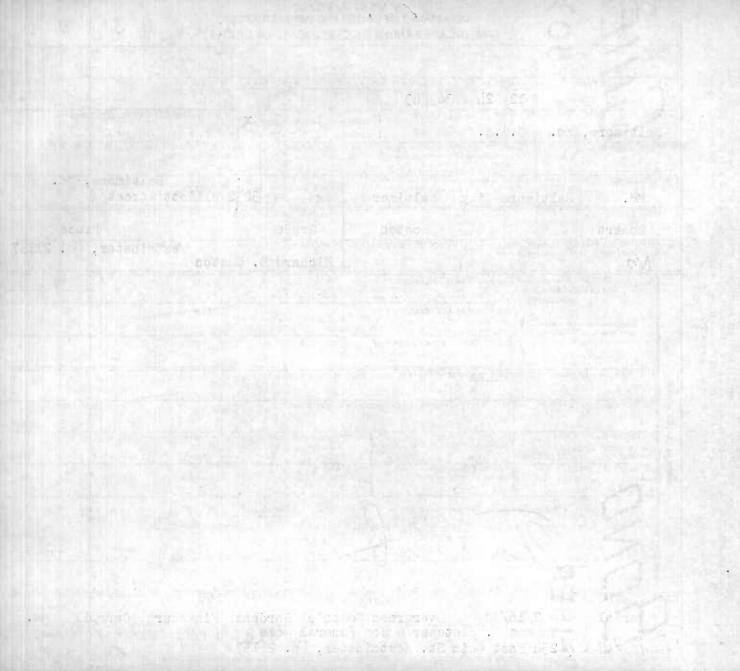
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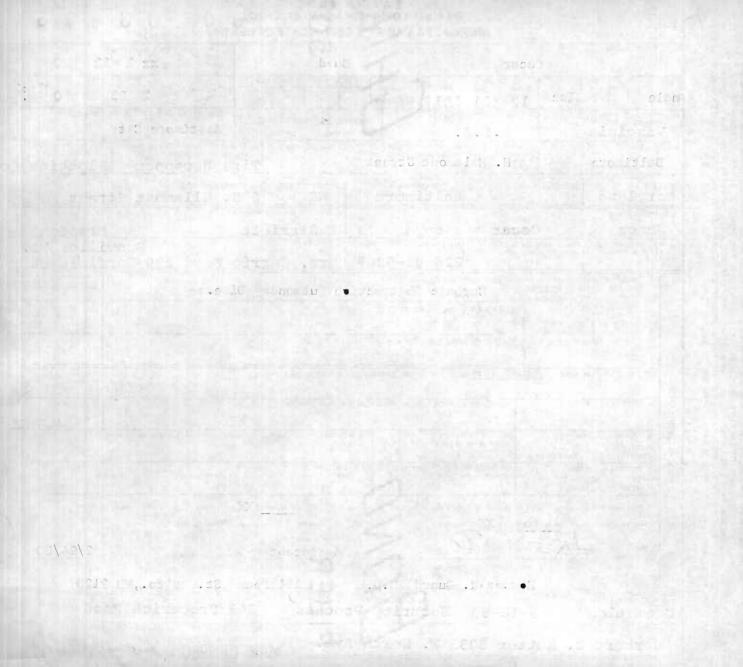
BALLIMORE, MARYLAND Undetermined manner death resulted from: TITLE (SPECIFY) ACTUAL Deputy Chiefdical EXAMINER 2/14/80 SIGNATURE SIGNED EXAMINER'S NAME Thomas D. Smith, M.D. Penn ST. Balto. MD. (TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 236 DATE Md. 2/16/80 Evergreen Memorial Gardens Finksburg, Carroll Burial Thomas D. Fletcher & Son Funeral of of B & REGISTER STREET OF THE REGISTER OF THE PROPERTY OF 24. FUNERAL DIRECTOR 254 East Main St. Westminster, d. 21157 VR A15 ME (51) 15M7/76

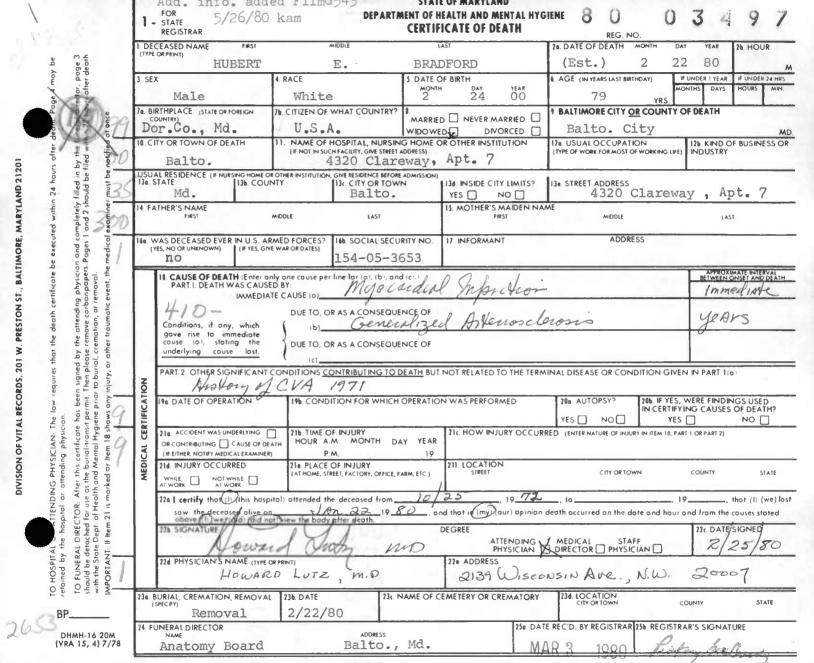


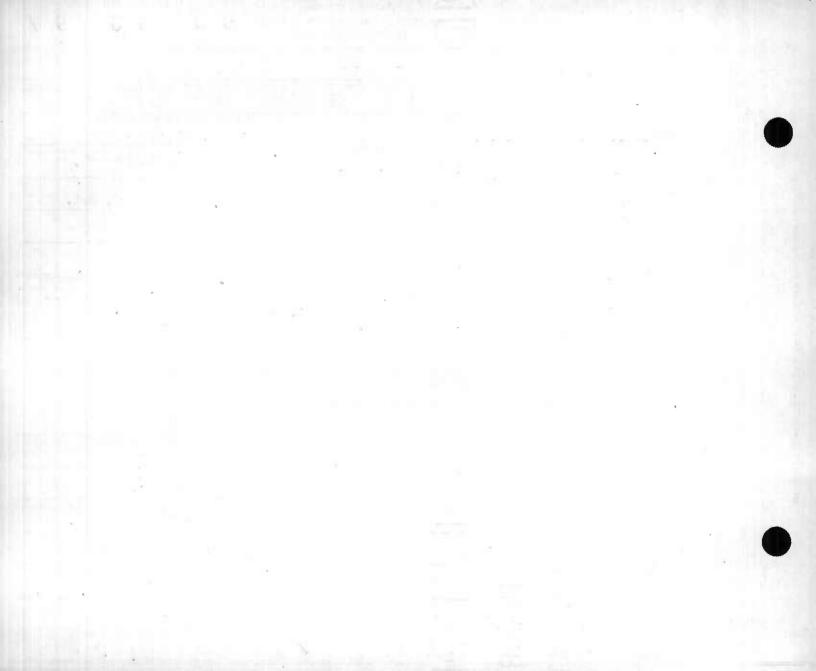
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à la	3 SE	х	4 RACE 5 DATE OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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- D O O O	=	18 CAUSE OF DEATH (Enter on	y one couse per line for (a), (b), and (c)	-:	V-7.0 8777	APPROX	ONSET AND DEATH
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TTEN TTEN TOR For u of H		sow the deceased alive on abave, (I) (we) (did) (did not	2 2 8 19 80, and that in	(my) (our) opinion deat	h occurred on the date ar	nd haur and from the	causes stated
OR ATTEN OR ATTEN DIRECTOR. oched for u Dept. of Hem 21 is		226. SIGNATURE	DEGREE			22c. DATE	SIGNED
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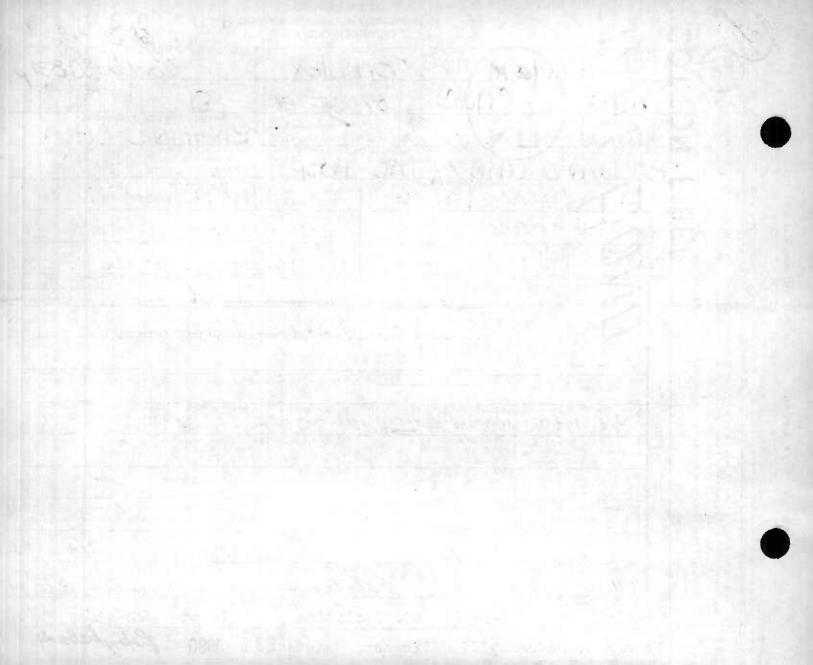
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BALTIMORE, cote be executy siction and coopers. Pages avail.	У	YES NO OR UNKNOWN) (IFYE GIVE	TAR OR DATES) 488-	22-633	715 Ridge	wood Rd. 1	Bel Air, Md.	. 21014
		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	lly one couse per line for (o), (I	o), and ic-l	1 2 2	+	BETWEEN	IMATE INTERVAL ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The law requires that the death certific of the other displaying physician. The this certificate has been signed by the attending post the burial-transit permit. Then please remove carbon, the and Mental Hygiene prior to burial, cremation, or remorked or them 18 shows any injury, or other traumatic events.	z	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PART 1(5	31
RECOR	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	1	1	20a. AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then please remove carbonappers: Pages I and 2 should be filed within 72 hairs after deal
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	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENB 0 0	3 4 9 9
page 3		CEASED NAME FIRST EORPRINT) HGZ	M. M.	BRADOT	20. DATE OF DEATH MONTH  2 2 6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR  S 80 / 2 SM  IF UNDER 1 YEAR IF UNDER 24 HRS
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH 2b. HOUR A 0 3 SEX 5. DATE OF BIRTH AGE (IN TERM LAST BIRTHDAY) IF UNDER I YEAR HOURS TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED P DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY LUTHERAN HOSPITAL BATLO, MD. BRICK YARD DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 130 CITY OR TOWN 13d INSIDE CITYLIMITS? 13e. STREET ADDRESS MARYLAND BALTIMORE 930 N. CARROLLTON AVE. 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE MATHIAS BRANFORD SOPHIE QUEEN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN)

NO dwards-930-Carrollton (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY LMONARY OR AS A CONSEQUENCE OF EBILITATION Conditions, if ony, which OLONGED gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF & GANCRENE LEG underlying cause lost a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11d CERTIFICATION prior 19b. CONDITION FOR WHICH OPERATION, WAS PERFORMED 90 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [ š Mentol Hygi 21n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 MONTH HOUR A.M. OR CONTRIBUTING CAUSE OF DE MEDICAL (IF EITHER, NOTIFY MEDICAL #e 21e PLACE OF INJURY (AT HOME, STREET, RACTORY, OFFICE, FARM, ETC.) 21d INJURY OCCURRED 21f. LOCATION 0 CITY OR TOWN COUNTY STATE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceosed glive an obove. (I) (we) (did) (did not) view the bady after death. __ and that in (my) (our) opinion death occurred on the date and hour and from the couses stated be detoched e Stote Dept. 22b, SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS should be with the 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE SPBURIAL 02-08-1980 BATTIMORE CITY MARYLAND Mt. AUBURN CEMETERY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE. DHMH - 16 50M 1/76 (VR A 15 (4)) HERBERT E. NUTTER 3035 W. NORTH AVE.

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	Z	PART 2. OTHER SIGNIFICANT	conditions <u>contributin</u>	NG TO DEATH BUT NOT RELATED TO THE TE	rminal disease or Condition G	IVEN IN PART 11a
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0 5 5 4 3 X	23a.	BURIAL, CREMATION, REMOVAL		23c. NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION CITY OF TOWN	COUNTY STATE
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vith noen	2	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WOR	12h. KIND OF KING LIFE) INDUSTRY	BUSINESS
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 3 SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HTIAOA MONTHS DAYS Female Black 09 1898 O. BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Baltimore City Maryland WIDOWED DIVORCED Q CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY altimore Domestic Work DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b. COUNTY 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Baltimore Maryland 810 N. Appleton Street 4 FATHERS NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Pete Payne Elizabeth Paslevs In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-12-7507 Mr. William Payne 810 N. Appleton NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY rascular accident with then DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse ioi, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? å NO[ YES [ NO [ Mentol Hyg 71n ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER P.M 19 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS IMPORTA the shoul 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE Burial Baltimore, Maryland Baltimore Nat.Cem. 02-13-198 BP 24. FUNERAL DIRECTOR DHMH - 16 60M 1/75 Herbert E. Nutter 3035 W. North Ave.

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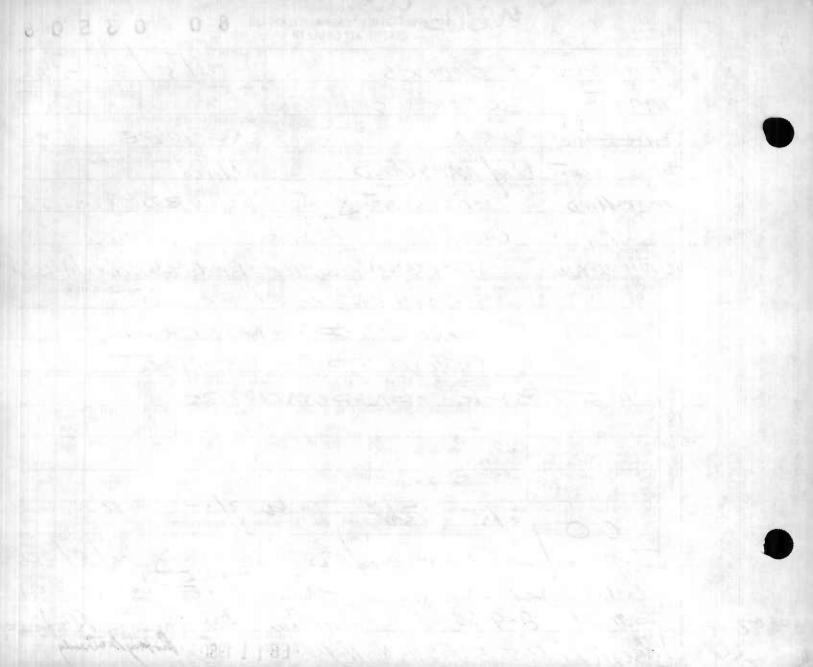
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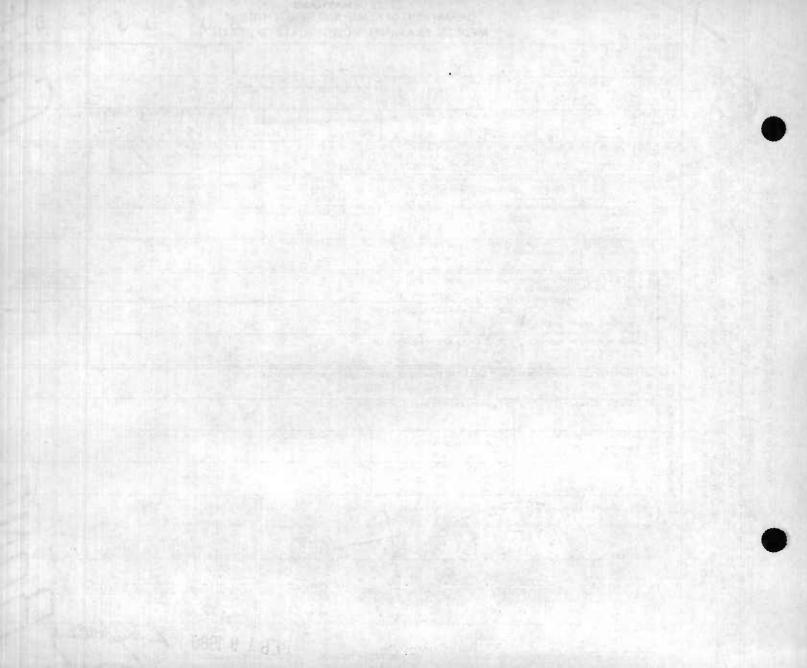
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he la	7 ₹	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FINDING IN CERTIFYING CAUSES	
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after the f within	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126. KIND OF BUSINESS OR
hours a hours a must be		3altimore	University	of Maryland	(TITE OF WORK FOR MOST OF WORK MO	WEJ THOUSING
215 24 ho ed in	USU I3r.	AL RESIDENCE (IF NURSING HOME OF TATE 1136 COU	ROTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)	13r. STREET ADDRESS	
within 24 h within 24 h should be i	Mo	ryland	.0 1	MOVE YES D NO 1	95 Gold St	reet
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ST., BA certific certific p physi n paper remove atic eve			TE CAUSE 10) Chronic	obstructive pulmonar	y dicase	
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ol W ires th ed by ease r rial, c		underlying couse last.	10 Aorti	estenosis/ Autic In	sufficiency	
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ATTER bital or ECTOR for use or 1 is		saw the deceased olive or obove, (1) (we) (did) (did no	ot) view the body ofter death.	19, and that in (my) (aur) apinion	death occurred on the date and ha	our and fram the causes stated
AL OR AT inch hospital and a AL DIRECT tached for use Dept. of T: If Item 2		226. SIGNATURE		DEGREE		224. DATE SIGNED
TAL the tAL etac ate i		Marin Co	expall	MD ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	2/11/80
HOSPIT, sined by the FUNER Puld be detent to the State of		224. PHYSICIAN'S NAME (TYPE	DR PRINT)	22R ADDRESS		
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TO reta	23n E	JURIAL, CREMATION, REMOVAL	. 23b. DATE	230 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
140 > BP	· '	Burial	2/15/1980	Mt. Calvary Cem.	Baltimore, Ma	arvland
DHMH-16 25M	24. FI	JNERAL DIRECTOR	ADDRE	25e. DA	TE REC'D. BY REGISTRAR 251. BEGE	TRAP'S MIGNATURE
(VRA 15, 4) 1/79		Wm. C. March H	7/H 1101 East	North Avenue FFR	1 5 1980	Tayround

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FOR - STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🕄

CERTIFICATE OF DEATH

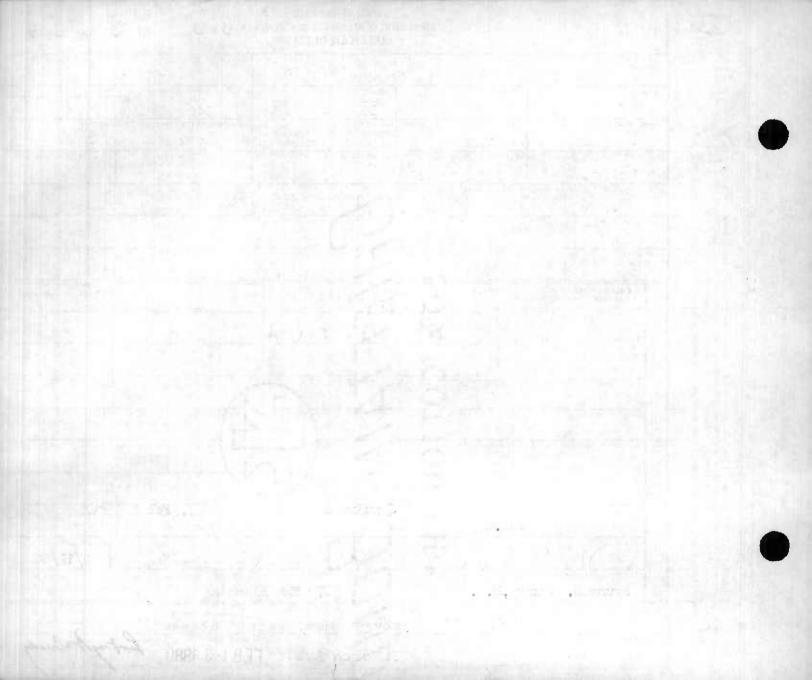
1101 E. North Ave

REG. NO MONTH 2h HOUR 80 IF UNDER 1 YEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126 KIND OF BUSINESS OR INDUSTRY 3502 Spaulding Ave LAST ADDRESS 3502 Spaulding Ave APPROXIMATE INTERVAL 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T COUNTY STATE A C 22c. DATE SIGNED STAFF 2/12/80 Catonsville, Maryland

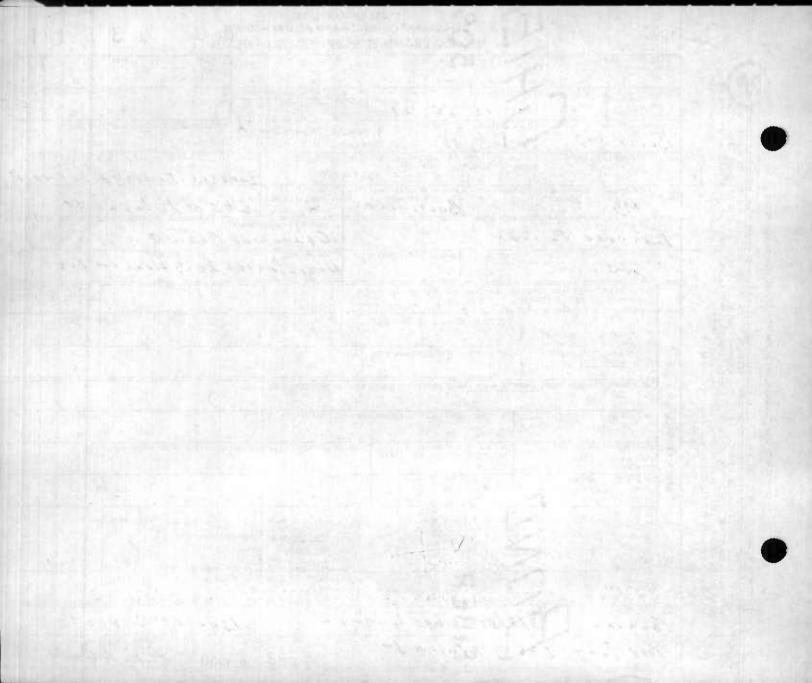
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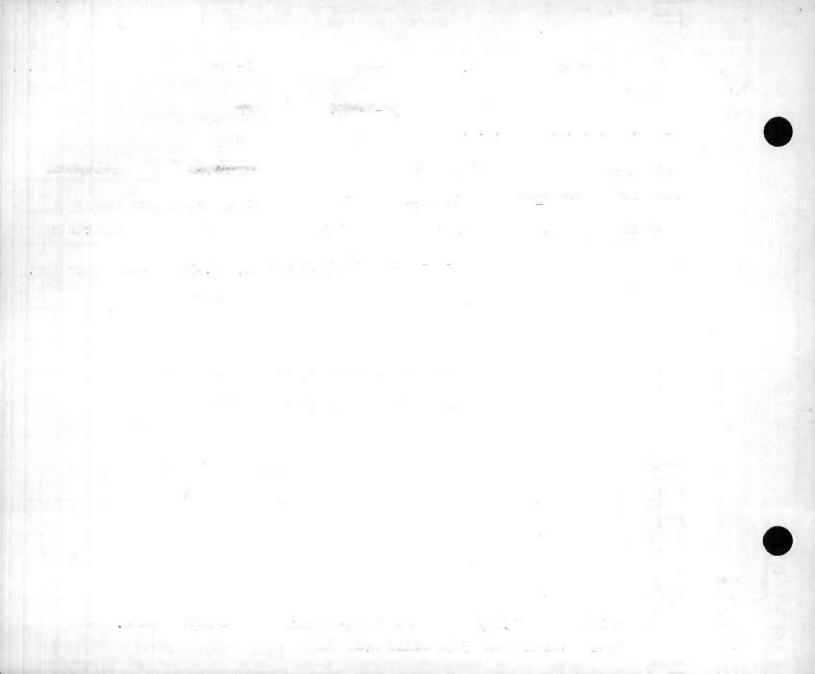


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ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours afti

TO HOSPITAL

FOR STATE REGISTRAR		NENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	3 5 1 2
1. DECEASED NAME FIRST (TYPE OR PRINT) Florence	G.	Brown	20. DATE OF DEATH MONTH 2-14-80	7:00A.M
1.5tx Pemale	4 RACE White	S DATE OF BIRTH 1893 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
7a. BIRTHPLACE ISTATE OR FOREIGN BETWEEN, Md. U.S.A.	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED ( WIDOWED DIVORCED	BALTIMORE CITY OR COUNT City	Y OF DEATH MD.
Battimore	11. NAME OF HOSPITAL, NURSIN THE WESTEY HOME	G HOME OR OTHER INSTITUTION ADDRESS)	12e USUAL OCCUPATION  TYPE TO CHEET OF DETONORKING LE	12b. KIND OF BUSINESS OR INDUSTRY  Telephone
USUAL RESIDENCE (# NURSING HOME OF	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE  134. CITY OR TOWN  Baltimor	AOMISSION) N 134 INSIDE CITY LIMITS: P YES NO	13e. STREET ADDRESS 2211 West Roger	s Avenue
DanieT" H.	Mitmye'f'	15. MOTHER'S MAIDEN	NAME	Chamberlain
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUL 216-09-1		ADDRESS Home, Inc2211 We	st Rogers Ave.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (1) DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING [2]		NCE OF	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
OR CONTRIBUTION C CALLSE OF DE	HOUR A.M. MONTH DA	Y YEAR	YES NO YI	PART I OR PART 2)
CITE ETHER, NOTIFY MEDICAL EXAMINER  21d. INJURY OCCURRED  NOT WHILE  AT WORK	21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE
220 1 certify that (1) (this hasp	11) view the body after death,	DEGREE ATTENDING PHYSICIAN	an death accurred on the date and ha	19, that (1) (we) last ur and from the causes stated 22c. DATE/SIGNED 2/14/80
BP 230 BURIAL, CREMATION, REMOVAL	The second secon	AME OF CEMETERY OR CREMATOR	CITY OR TOWN	county STATE
DHMH-16 20M (VRA 15, 4) 7/78			ATE REC'D BY REGISTRAPIZED RECTS	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR I. DECEASED NAME 20. DATE KNOWN YEAR TYPE OR PRINT ESTI-18. 80 JIMMY BROWN DEATH MATED THEO IF UNDER 1 YR 4. RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 24 HRS. DATE 2d1 0:10 LAST BIRTHDAY) PRONOUNCED DEAD 18.80 black male 50 29 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City MD 12b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH Johns Hopkins Hospital White Coffe Pot Jr. Baltimore JSUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 13b. COUNTY MD Baltimore 1614 E. Lanvale St. YESC. NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME PM. MIDDLE MIDDLE LAST FIRST James Ferrell Brown Lucy 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO, OR UNKNOWN) DIVISIO No 212-56-3756 Lena Bethea 5743 Hazelwood Circle 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c):) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound to the face DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 20. AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL YES NO EPARTMENT 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210 FXTERNAL CAUSE WAS 21b. TIME OF INJURY HOUR A.M. MON UNDERLYING TO OR shot during altercation MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR THE PLACE OF INJURY 21f. LOCATION 21d, INJURY OCCURRED STREET, FACTORY, FARM, ETC. WHILE AT WORK 1823 Regester St. Baltimore, Maryland house Autopsy XX 22a. I certify that I toak charge of the remains described above, held an Inspection Accident Undetermined monner death resulted from: Notural couses DIRE TITLE (SPECIFY) 2-19-80 EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, V BALTMORE, MA Assistant EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE MD COUNTY Baltimore Burial Baltimore Cemetery 2+22+80 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) Wm. C. March F.H./1101 E. North Ave. 15M 7/76

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	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	EOF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 3	5   5
nay be page 3 death	1 DECEASED NAME FIRST (TYPE OR PRINT) TOMMY		Mi	DDLE		ROWN	R DATE OF DEATH MONTH		26. HOUR 80 1:07A
age 4 may	3 SE	MALE	RACE WHIT	Ε	S DATE O			MONTHS DAT	YS HOURS MIN
9 John J. P. J.	7R B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF W	HAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED X	BALTIMO		1 tu MD.
by the fu	E	BALT I MORE	JOHNS	HOPKI	NS HO	SPITAL	12r USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK		D OF BUSINESS OR
Ting filled in	13a	AL RESIDENCE IN NURSING HOME OF STATE MD 136 COU	ROTHER INSTITUTION, G NTY	BALTTY BALTTY	ORE	131. INSIDE CITY LIMITS?	13 TIET APPRESS BRO	)ADWAY	
with the state of	14. F/	JAME'S NAME	WIDDIE	BRÓWN		15. MOTHER'S MAIDEN NAM MARTEL	ME MIDDLE	BY	ĽÄND
L S		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN! (IF YES, GIV	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS		
physicía physicía papers. emoval.		18 CAUSE OF DEATH (Enter of PART ). DEATH WAS CAUS!	nly one cause per li ED BY. TE CAUSE (a)	( And	-	avert		BETWE	OXMATE INTERVAL EN ONSET AND DEATH
ne death c attending ve carbon stion, or r er trauma		586 - Canditions, if any, which		AS A CONSEQU	ENCE OF			20	1 has
that the by the seremon		gove rise to immediate couse (0), stating the underlying cause last	DUE TO, OR	AS A CONSEQU	ENCE OF	Pure		45	ches
jur ple jur	No.	PART 2 OTHER SIGNIFICANT	CONDITIONS COL	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION	N GIVEN IN PART	lío
ne la se be se be prio	CERTIFICATION	190 DATE OF OPERATION	( 196 CONDIT	ION FOR WHICH	-	NWAS PERFORMED		IF YES, WERE FIN CERTIFYING CAUS YES	
PHYSICIAN: The glophysician. This certificate ha urial-transit perm Mental Hygiene dor Item 18 sho		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	. MONTH D	AY YEAR	216 HOW INJURY OCCURR	ED JENTER NATURE OF MJURY IN ITE	M 18, PART I OR PART	t)
OING PHY ttending ph After thiss s the burial th and Mer marked or	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21R PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, I	FARM, ETC )	211 LOCATION STREET	CITY OR FOWN	COUNTY	STATE
TOR TOR Use a Hea		22a I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no	2/12	19	2/8	d that in (my) (our) apinion d	to 12	19 80 nd hour and from t	_, that (I) (we) lost the causes stated
by the hospital by the hospital ERAL DIRECT e detached for us State Dept. of ANT: If Item 2		1276 SHONATURE	mi	1		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	27 27 Z	TE SIGNED
TO HOSPITACEN AT retained by the hospital TO FUNERAL DIES should be detached for with the State Dept. of IMPORTANT: If Item		SIDNEY O.	GoTTLE	C3	mo	OCPT MEDI	LIME JOHNS	S LTUPEIN	1 HOSPIN
30/ BP	23a. (	BURIAL, CREMATION, REMOVAL SPECIFY) Removal	236. DATE 2/14		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
DHMH-16 25M (VRA 15, 4) 1/79		UNERAL DIRECTOR NAME  natomy Board	В	ADDRESS Balto., N	Md.	25e. DATE	FR 2 0 1980	Firting!	1 St Cready

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BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	0	0	3	j	1
	CERTIFICATE OF DEATH		REG. N	١٥.	400		43.0
hu	Broseken	20. DATE	OF DEATH	MONTH	DAY	YEAR	2b. HO

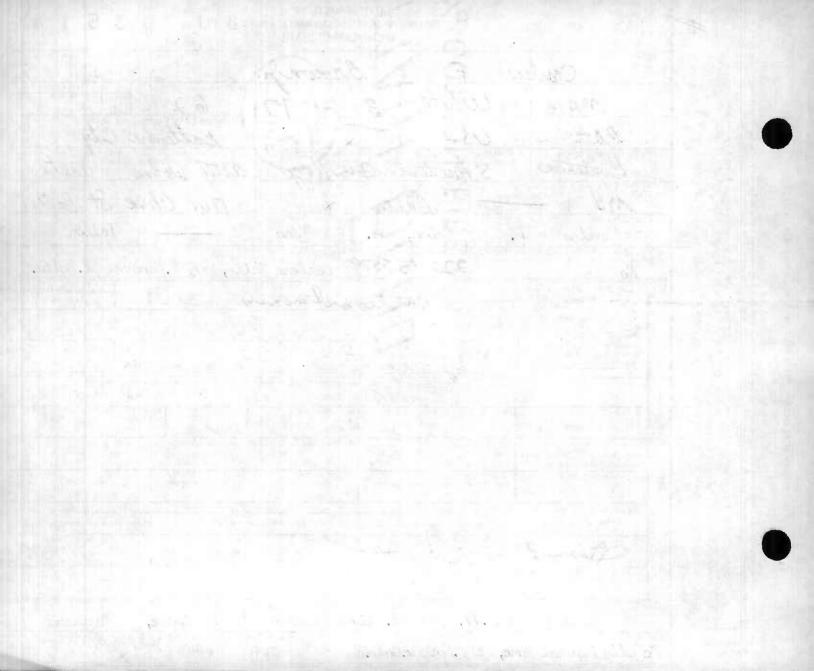
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1. DECEASED N. (TYPE OF PRINT)	COCCEC FIRST And	ra xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		öseker	20. DATE OF DEATH	MONTH DAY 21/88.	YEAR	7 4 5 PM
3. SEX	emale	RACE White	5 DATE C		6 AGE (IN YEARS LAST BIR	THDAY) IF U	NDER 1 YEAR	HOURS MIN.
70. BIRTHPLACE	Saltini	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIE WIDOWE	NEVER MARRIED	Baltim Baltim			MD
3 10 CITY OR TOV	OF DEATH SUBJECT OF THE SERVICE OF T	11. NAME OF HOSPITAL, NURS	T ADDRESS]	R OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE)	126. KIND OI INDUSTRY	BUSINESS OR
S IUSUAL RESIDEN	136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	WN	136 INSIDE CITY LIMITS?	13e. STREET ADDRESS	606 P	owta	o hye.
C MA		MIDDLE LAST		15. MOTHER'S MAIDEN NA	an Anna		LAST	24.22
160 WAS DECEA	ASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC WAR OR DATES) 217-14-	9158	17. INFORMANT	XXXXX 606 Po	Ghand Bi	re. Ba	to., Md
gove ri couse underlyn		DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO	DEATH BUT					
9 IN DATE	OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
OR CONTRI	ENT WAS UNDERLYING EBUTING CAUSE OF DEANOTIFY MEDICAL EXAMINER BRY OCCURRED	LUCIUS A MA MONITHI	DAY YEAR	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18, PART	OR PART 2]	
21d. INJUI	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	STREET	CITY OR TO	NWN	COUNTY	STATE
sow	the deceased alive an	tol) attended the deceased from		d that in (my) (our) opinion	death accurred on the	date and haur ar		that (I) (we) lost causes stoted
22b. SIGN		ney		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	AFF ICIAN A	22c. DATE	SIGNED
22d. PHYS	ICIAN'S NAME (TYPE OF	ANEY		S.B. G. +	-(			
230. BURIAL, CR (SPECIFY)	EMATION REMOVAL Burial	23h 9/AJE/80 234	len Ha	emetery or crematory, ven Pem. Pank	5000 -20	vnie Ann	e Anur	rdel Md.
AC CANEL	E. Patapso	Home of Brooks	yn m	250. DAT	TE REC'D. BY REGISTRA	25h REGISTRA	SSIGN	10F

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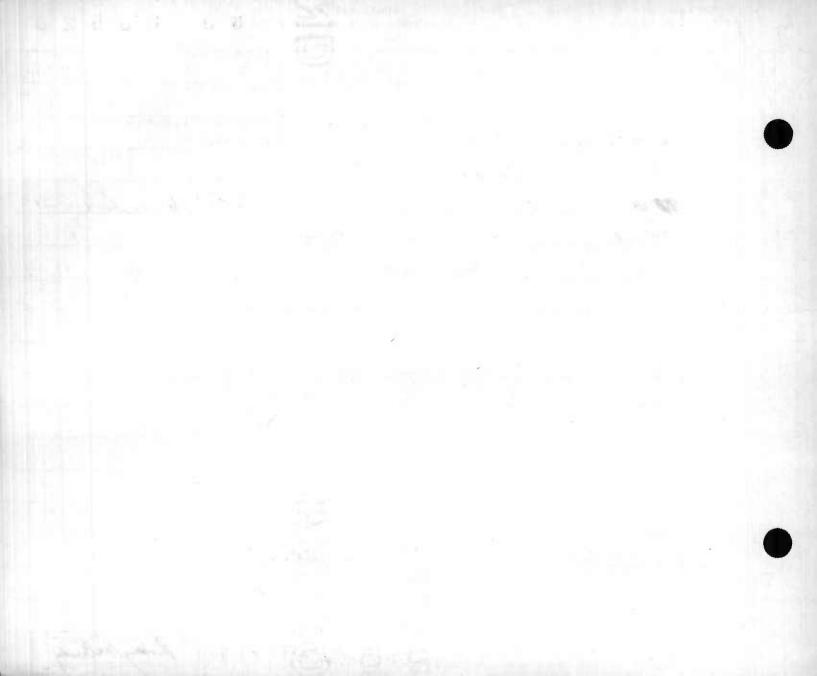
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urs of	3. SE>	male	Certite	5. DATE OF BIR	PY YEAR 7	6 AGE (IN YEARS LAST BIRTH	YRS. 11 15	R # UNDER 24 HRS
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notified w		Buttenises	- FASSE	STREET ADDRESS	HOSE	120. USUAL OCCUPATION (TYPE OF WOLLD FOR MOST OF	WORKING LIFE) 12b. RAND WORKING LIFE) INDUSTRY	OF BUSINESS OR
E STATE OF THE PROPERTY OF THE	13a. S	TATE 13b. COUNT	OTHER INSTITUTION, GIVE RESIDENCE TY 13c, CITY OR	POWN 13d I	NO □	13e STREET ADDRESS	Slive St	Ballo,
3820	14. FA	THER'S NAME harles	F. Brown		OTHER'S MAIDEN NAM	WIDDLE	- Tolse	th
ers. Pages I.	16a. ₩ (Y	(AS DECEASED EVER IN U.S. ARM es, no or unknown) (1F yes, give v	MED FORCES? 16b SOCIAL 220 -	05-8579	Darlene Wh	ite, 3805 S.	ss Hanover St.	Balto.
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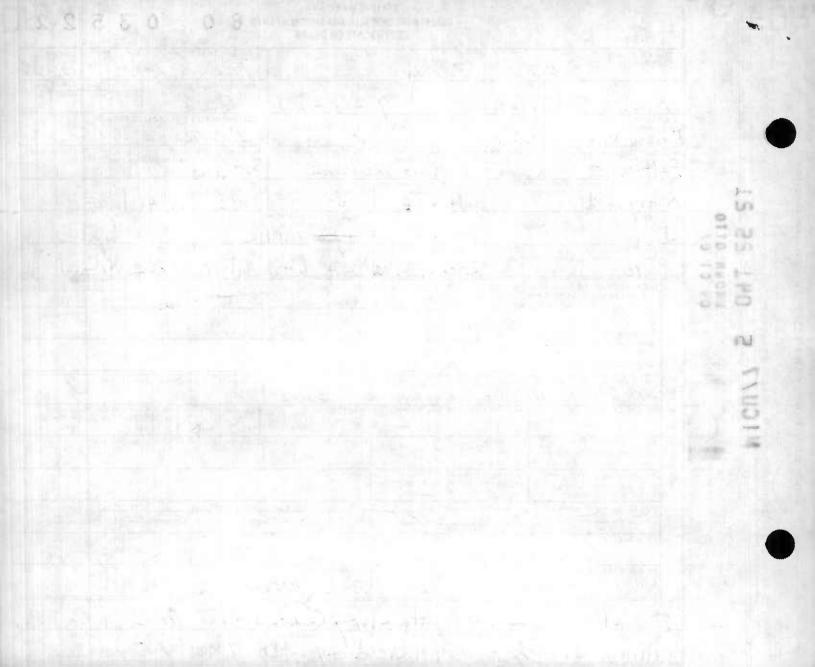
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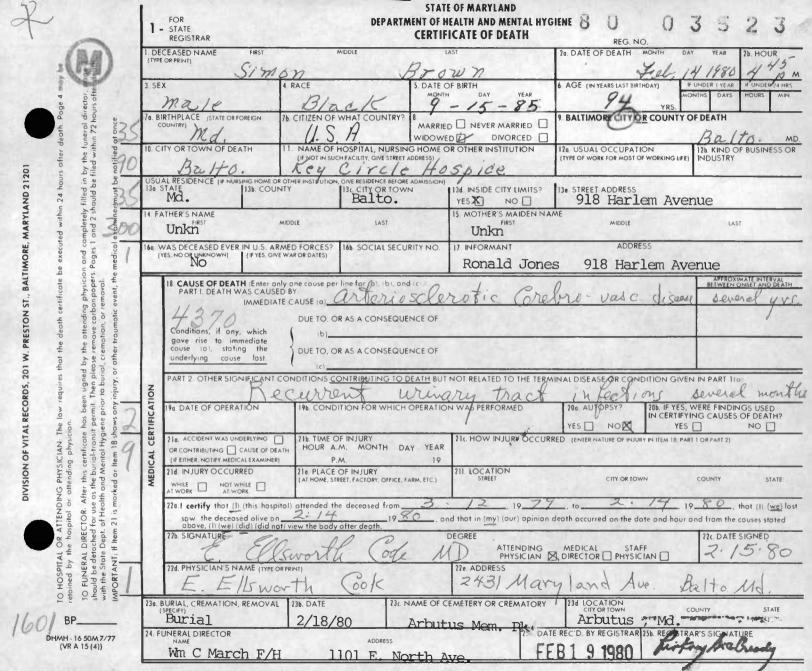
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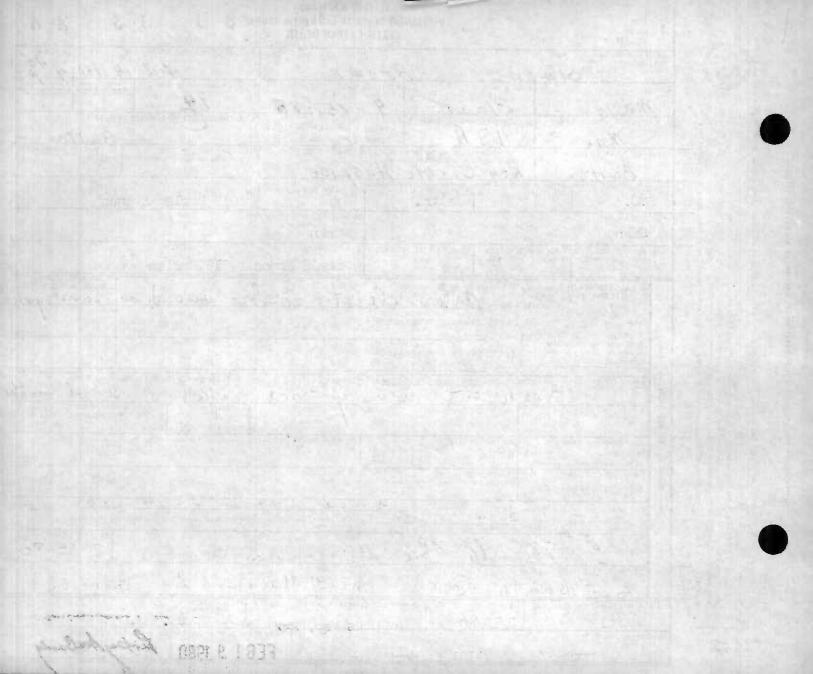


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masures that the en ugued by the please re-	TION		DUE TO, OR AS A CONSEQUE (c)	DEATH BUT			DITION GIVEN IN PART 1(a)
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page 3

	STA	TE	<b>OF</b>	MA	RYL	AND
DEPARTMENT	OF	HE	AL	TH /	AND	MEN

ITAL HYGIENE 8 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 2a. DATE OF DEATH DECEASED NAME FIRST MONTH YEAR 2h HOUR TYPE OR PRINT) 86 SUN Walter O. Broyles IF UNDER 1 YEAR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS DAYS 24. 1922 male white July BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED WNEVER MARRIED Baltimore Maryland USA City WIDOWED DIVORCED I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 2a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Construction Baltimore Union Memorial Hospital Carpenter USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 3539 Elmley Avenue YES K Md NO [ 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST LAST Otis R. Broyles Margaret Parks ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) 219 01 6006 Mary A. Broyles Same UNKNOWN EATH

18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA)	ily ane cause per line far (a), (b), and (c)   DBY: TE CAUSE (a) <u>Menor Archael Infraction</u> <u>Carol</u>	iac Arrest	BETWEEN ONSET AND DE
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21 e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

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DAY

YEAR

211 LOCATION

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216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2

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COUNTY STATE

220.1 certify that (1) (this hospital) attended the deceased fro nd that in (my) (our) apinion death accurred on the date and hour and from the couses stated sow the deceased alive an. above, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OFPRINT)

NOT WHILE

22e ADDRESS

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN T

230 BURIAL CREMATION REMOVAL SURIO

FOR

3. SEX

23h DATE 2/12/80 23c NAME OF CEMETERY OR CREMATORY

Moreland mem Pk.

23d. LOCATION

COUNTY

YES

STATE

CERTIFICATION

3631°Falls Read 21211 Burgee Funeral Home

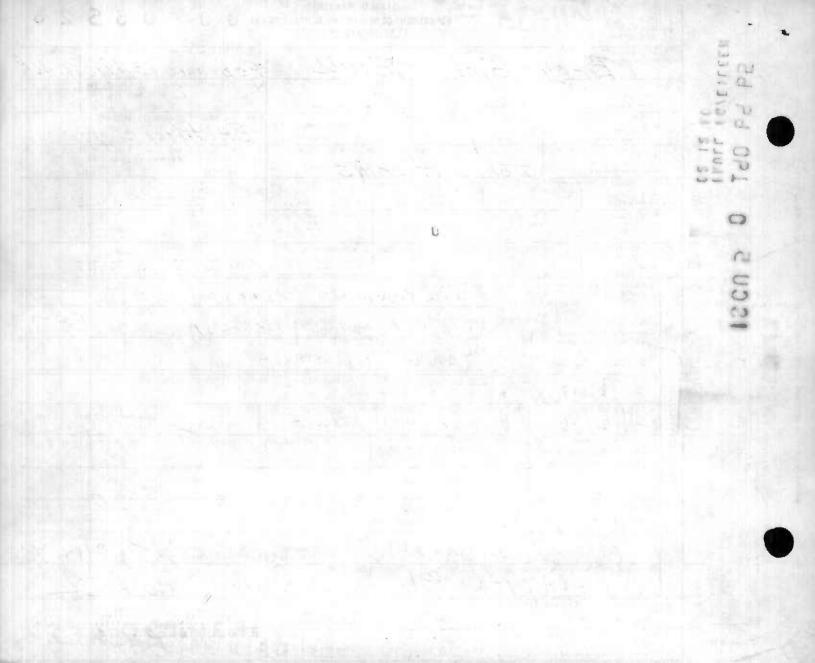
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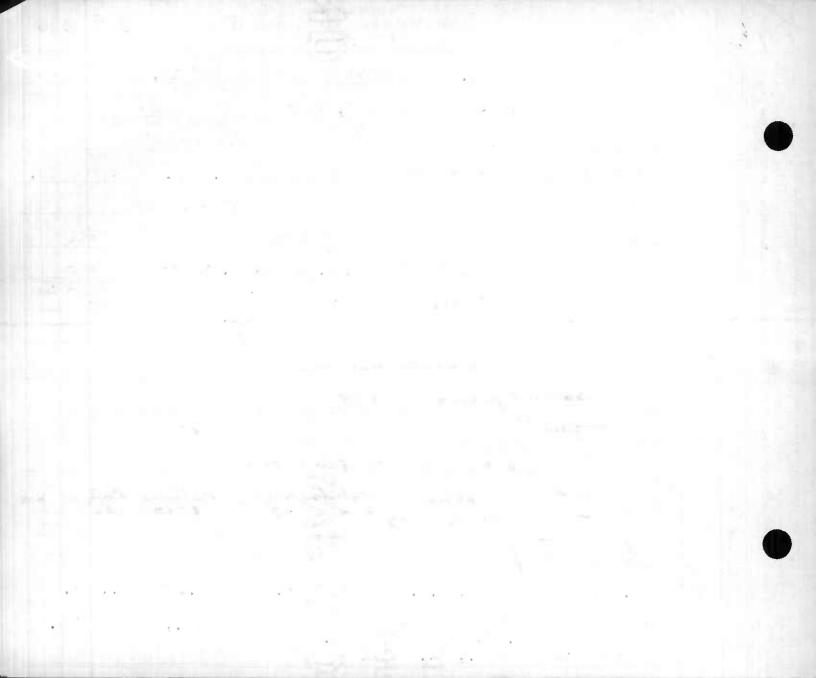
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M		UNERAL DIRECTOR SUL LE	VINSON (	BROS ,	INC.	pan gan	R 1 9 1980	Bur May Med	ready
1/79		6010 REISTERSTO	WN RD.	BALTO.	. MD	21215	H 1 J JOU		



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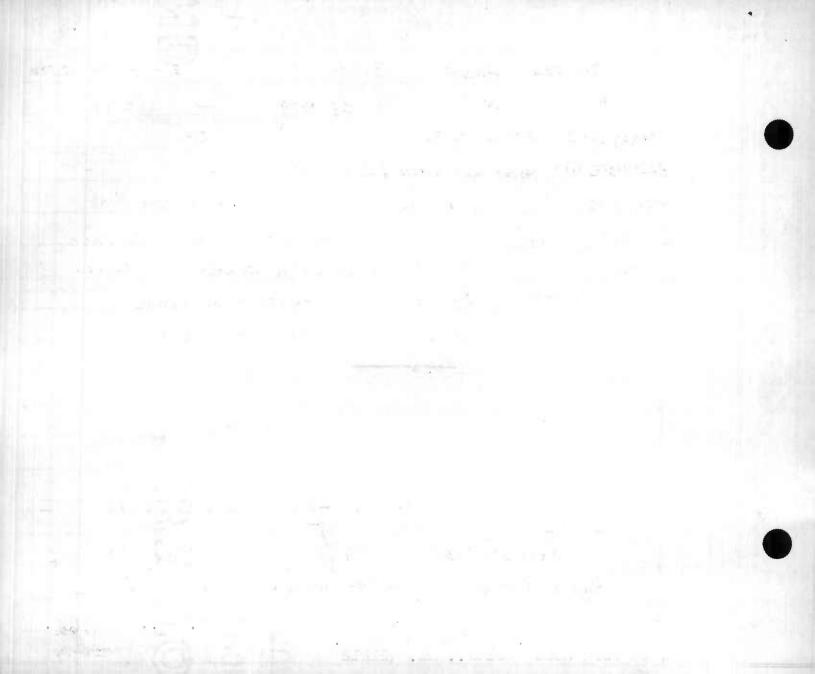


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) 8.15 RALPH J. BUMBARGER 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS 3. SEX MONTH KOURS MALE White Jan 17, 1913 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Pennsylvania U.S.A. Baltimore City WIDOWED X DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR MNOT IN SUCH FACILITY, GIVE STREET ADDRESS! type of work for most of working life) INDUSTRY.

Checker= Sugar refinery GENERAL HOSPITAL Baltimore Uth BALTIMORE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13d INSIDE CITY LIMITS? Brooklyn 244 West Meadow Rd. Md. Co. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) 218 07 8374 Leon Pancoast 228 W. Meadow Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 101, (b), and (c) PART I DEATH WAS CAUSED BY CARDIAC ARREST hí IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MYSCARDIAL ISCHAGMIA and ACCIDENT CEREBRAL VASCULAR Canditions, if any, which gave rise to immediate couse io. stating the DUE TO OR AS A CONSEQUENCE OF last OCCLUSION /THRUMBOSIS underlying cause ARTERIOSCLEROTIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION a ARTERNISCLERGTIC. CARDIQ - VASCILAR DISEASE 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ā IN CERTIFYING CAUSES OF DEATH? 1.30.80 -LEKT CARNIDD GNDARTERECTIMY NO K YES [ L CAROTID THROMBECTOMY rial-transit 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH and Mental Item (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211. LOCATION à 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 018 22a I certify that (1) (this hospital) attended the deceased from 19 80 saw the deceased ofive on 2.2.3

obove, (1) (we) (did) (did not) view the body after death _, and that in (my) (منتم) opinion death occurred on the date and hour and from the causes stated TO FUNERAL DIRECT Should be detached faith the State Dept. of 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF = 2,2.80 DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS BALTIMONE GEN, 1+05 PITAL, BALT-2/230 RAJARAM 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 2/5/80 Burial Cedar Hill Cemetery Brooklyn Md. BP 250 DATE REC'D. BY REGISTRAR 256. REMAIL 24 FUNERAL DIRECTOR Balto 21225 DHMH - 16 50M 1/76 1980 George J. Gonce 4001 Ritchie Hgwy (VR A 15 (4))

Third Jen-17, 1913 67 vito ecomivina ( x ) .c.t.v = sinsvivanne treation toward France Committee 1.2. II "2:58 07 8375 Leon Canconst | nos 3a 13 e 1,5 Garage J. Conce 4001 Altonia lung



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1. DECEASED NAME MONTH (TYPE OR PRINT) Charles J. Buresch 12.4 4 RACE 3 SEX 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YE AR DAY STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Messenger Gerland Avenue BALTIMORE, MARYLAND 2120 USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 130 STATE 136. COUNTY 13e STREET ADDRESS M. Gerland Avenue-21206 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME puc 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per/fine for (a), (b), and PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO T iol-tronsit ntol Hygie 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (this bospital) attended the deceased from 8 O , and that in (my) (> opinian death occurred on the date and hour and from the couses stated sow the deceased alive on. abave, (1) (wa) (did not) view the body after death 226. SIGNATURE DEGREE 22c DATE SIGNED + ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL PORTANT TO Fu. should be 22e ADDRESS KOW 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE COUNTY Buria DHMH-16 60M 1/73 Miller Inc-6415 Belair Rd. -21206 (VR A 15 (4))

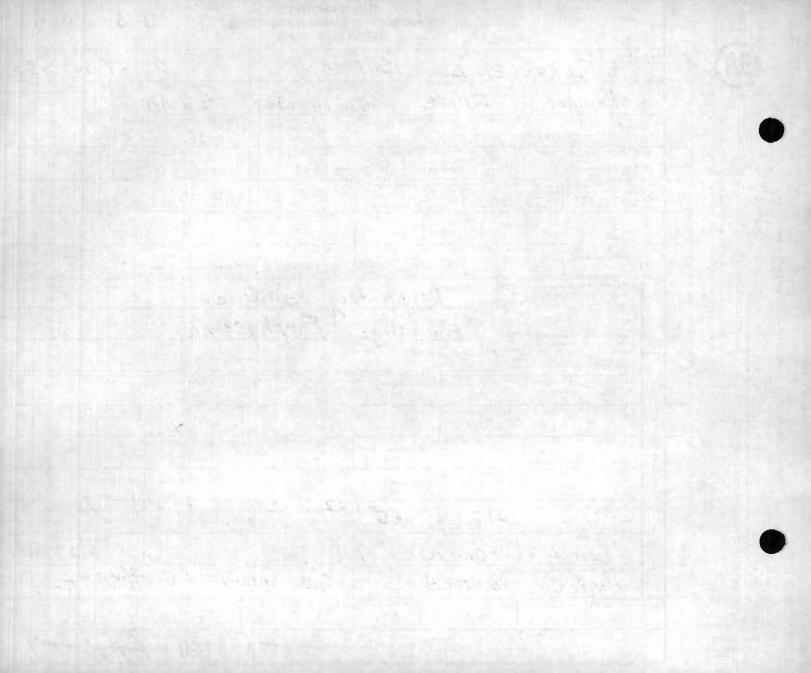
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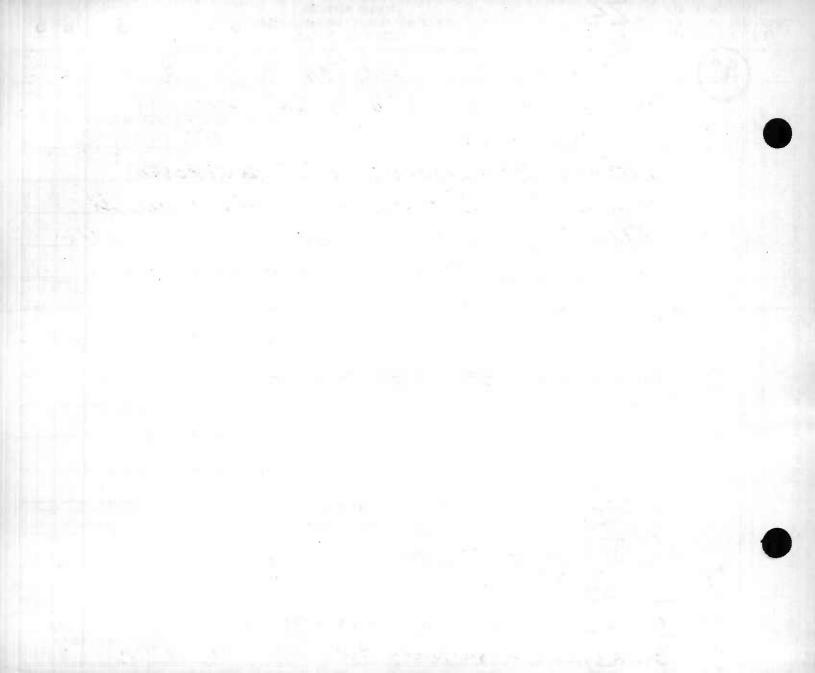
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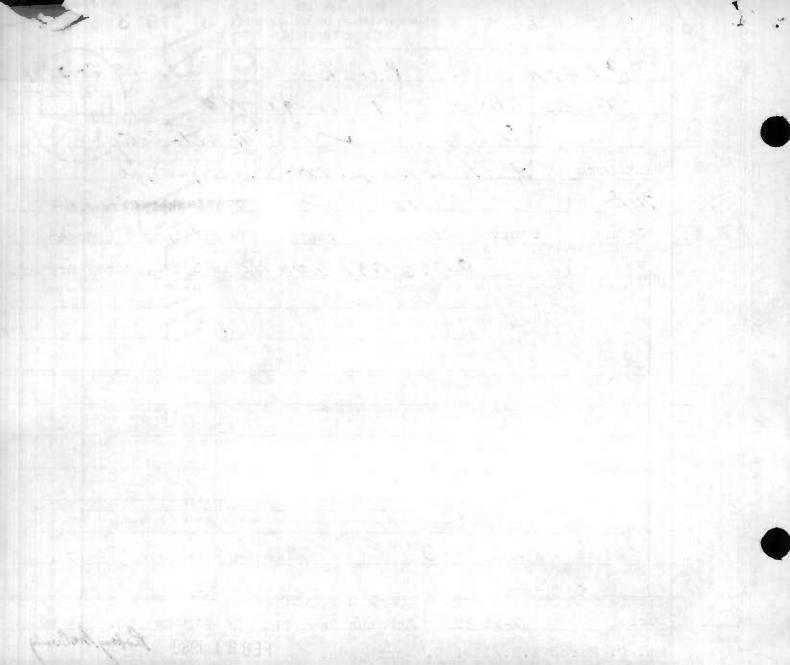


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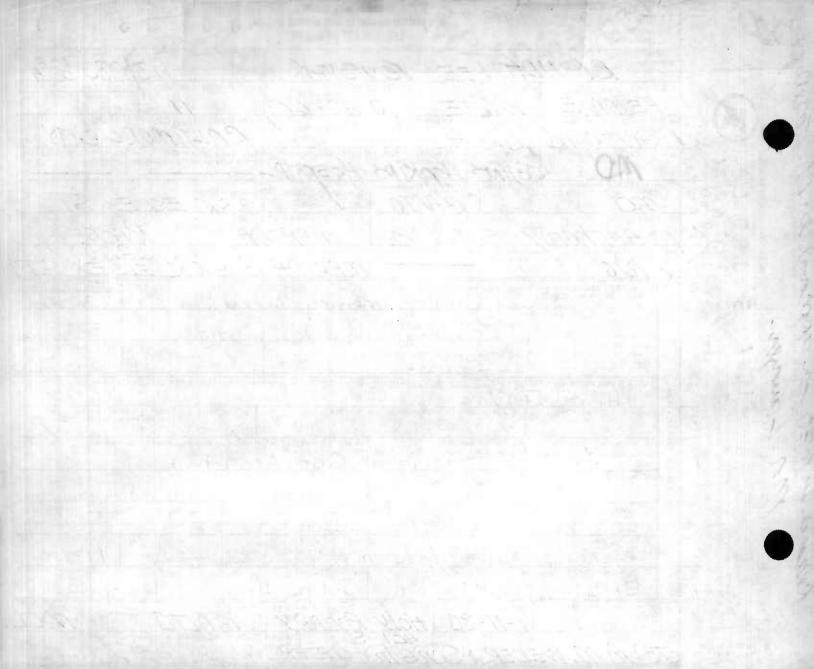
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41,	1.	K I	FOR - STATE	DE	PARTMENT OF HE	ALTH AND MENTAL HY	GIENES ()	0 3 5 5 7	
	20	'   '	REGISTRAR			CATE OF DEATH	REG. NO		
	1		ECEASED NAME FIRST	MIDDLE	LA	ST		MONTH DAY YEAR 26 HOUR	-
	23 75	(TY	PE OR PRINT)	9 в.	R	- 61	9	17 80 2 35	
	84	3. S	EY CAHI	I RACE	5 DATE OF	SIOTH	6. AGE (IN YEARS LAST BIRTH		M
	4 00	3. 3	-	0	MONTH	DAY YEAR	20		IIN
9.4	oge urs		/- emale	Dlack		11 92		YRS.	
	2 hodge	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	NTRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY OF	COUNTY OF DEATH	
	Meoth.	5 <u>L</u>	Va.	U. S. A.		DIVORCED [	Balto	Citis	MD.
	- + + P	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OTHER INSTITUTION	120. USUAL OCCUPATIO		OR
5	by the	6 B	altimore	UF NOT IN SUCH FACILITY, GIV	STREET ADDRESS)	1-50	(TYPE OF WORK FOR MOST OF		
MARYLAND 2120	our in h		JAL RESIDENCE (IF NURSING HOME STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	max.	unempe	eyear	
10 2	The Part of the Pa	130	IN A ISH COU	NTY 130 SITY O	RTOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	1 4 - 1	
I A	sho sh	14.5	ATHER'S NAME	- Ra	la	YES ANO I	1-2757-Bak	er Street	
×	with with d 2		FIRST		\ST	FIRST	MIDDLE	LAST	
	d completes I and	0			een	Fannie	Willia		
BALTIMORE,	n ond ce Poges I	160	WAS DECEASED EVER IN U.S. AI	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRE:	SS	
¥.	Poor B		No	213	31.479	/ Doris N	Morris 301	N. Monastery A	ve
ALT	sicio pers. ol.		18 CAUSE OF DEATH (Enter o	nly one couse per line for (a)	(b) and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DE	The
	phys pop pop novc		PART I. DEATH WAS CAUS	D BY	1-0			BEI WEN GASET AND DEP	-
TS I	Don Don Cent		IMMEDIA	TE CAUSE (o)			T-1000 100		_
PRESTON	not mot		3770	DUE TO, OR AS A CON	SEQUENCE OF				
ES	otter otron roum		Conditions, if ony, which gove rise to immediate	(b) 4. T. +	/_				_
3	the rem		couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF				
>	thot l by sose ol, cr		underlying couse lost.	(c)					
. 201	gned gned surre		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT N	NOT RELATED TO THE TER.	MINAL DISEASE OF COND	ITION GIVEN IN PART 110	
SDS	n sign Then to b	Z O	Cardon	2					
RECORDS,	ow re	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED	_
	he lo on. hos t peri	7   ≝					YES NO	IN CERTIFYING CAUSES OF DEATH?	
I	- short	- 3	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21r. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY		-
>	physical record of Hy		OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	THE THE PARTY OF CO.	THE PERSON OF THE OF THE OWN	THE PERIOD PART AND A	
0	MYSICIA ding ph is certifi buriol-ti Mentol	1   5	( IF EITHER, NOTIFY MEDICAL EXAMINER	,	19				
Si	1 6 6 - 0	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY STATE	
DIVISION OF VITAL	DING PH or often After th e os the olth ond morked o	^	AT WORK AT WORK						
Δ	TENDIN tol or OR. Al		220.1 certify that (I) (this hosp	ital) attended the deceased	from 3/17	19 90	to 2/17	, 19 9 0 , that (I) (we)	lost
	TTEN partol TOR for u	- 1	sow the deceased alive or	8/17	_19_90/ one	that in (my) (our) opinion	n death occurred on the do	te and hour and from the causes states	d
	A S D D + E		22b. SIGNATURE	ot) view the body ofter death	D	EGREE		22c. DATE SIGNED	_
			/	Ra M1	7	ATTENDING	MEDICAL STAF		
	RAL RAL deto	$\dashv$	22d. PHYSICIAN'S NAME (TYPE	Ilm 11h		PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICI	AN 2/17/80	
	ed b		220. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		21 11	
	TO HOSPITA retoined by TO FUNERAl should be de with the Stot		Bern	an		22 6	een 86 B	ald. Fla	
	5 5 5 4 3 ₹	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE	
110	7 BP	В	urial	2-21-80	Arbutu	s Mem. Pk.	Baltimor		
160			FUNERAL DIRECTOR				TE REC'D. BY REGISTRAR		372
	DHMH - 16 50M 1/76 (VR A 15 (4))	TAT	m. C. March H	F.H./1101 E	NI o made la	2	EB 2 1 1980	britan / Lecroson	
		AA	m. C. Parch	· III · / TIOT F	. MOLLU	Ave.		/ /	



2 9	^	1toon 22a	G544 b,	/6/80 dad DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H	YGIENE 8	0 3 5 3 8	
2/		REGISTRAR			CERTIFICATE OF DEATH	REG. NO	).	
2 :	e #	I DECEASED NAME (TYPE OR PRINT)	BREND	A hFF	BUSICK		1/8/1980 625 M	
2 L	te pag	3 SEX	ALF IR	ACE IN TE	S DATE OF BIRTH MONTH DAY YEAR	& AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN	
0 000	dat on	Jet BIRTHPLACE (STA	ATE OR FOREIGN 76 (	CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY OF	R COUNTY OF DEATH	
1	orifie Colling	10 CITY OF TOWN	OMA III	NAME OF HOSPITAL NUR	WIDOWED DIVORCED [	120. USUAL OCCUPATION	ON 126 KIND OF BUSINESS OR	
Sours at	ed within	AL	) I	SHAD HELD	KINS HOSPITA	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	
24 h	3	USUAL RESIDENCE	136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEI	ORE ADMISSION) 134 INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	ESSEX ST	
ARYLA KITH	35	14 FATHER'S NAME	Thank	2 shill	15. MOTHER'S MAIDEN N	TOP MIDDLE	PANEL	
X	O See O	Na WAS DECEASED	DEVER IN U.S. ARMED	FORCES? 166 SOCIAL SE	CURITY NO 17 INFORMANT	ADDRES	55) 2300	
Sare b	P P	XIII CHISTON	DEATH (Fatar ash a	ne cause per line for (a), (b),	VILTIRIT	BUSICK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Series Series	physici n papers. removal.	PART I. DE	ATH WAS CAUSED BY	Candi	pulmonary A	rrest	30 mins	
Sa teat	carbo on, or traum	2819	1	DUE TO, OR AS A CONSEC	0 10 1	1:00	90 mins	
A. 2.	the attemove emation	gave rise	if any, which to immediate stating the	DUE TO, OR AS A CONSEC	intestinal 101	earry	10 10 10	
7 ≥ 2 ×	ed by ease rrial, cr		cause last	10 Seps	<u>`S.</u>		240 min	5
15. 3 gar	hen pl		I Tr	auma	O DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONE	DITION GIVEN IN PART 1(0)	
A STATE OF THE PARTY OF THE PAR	e has bee bermit. T ene prior shows ar	NO DATE OF C			CH OPERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
TIE NA	an.	210. ACCIDENT	WAS UNDERLYING	216. TIME OF INJURY		URRED (ENTER NATURE OF INJUR	YES NO NO	,
	g physicii his certifii rial-trans Mental H I or I tem	OR CONTRIBUTION	CAUSE OF DEATH	HOUR A.M. MONTH	15 1979 Car.	Acciden	<del>}</del>	
18 / PER	ndin ter t and and irkec	21d. INJURY C	NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI  Street.	E, FARM, ETC.)  211 LOCATION STREET  Faster	/melton In	A M	
Ja No	TOR: Al use as the use as the Health	220.1 certify	that (1) (this haspital)	attended the deceased fram	December 12, 19, 79	10 Januar	4 6 19 60 , that (I) (we) last	
d T		saw the above, (1)		ew the bady after death.	DEGREE DEGREE	on death occurred on the da	ofe and haur and fram the causes stated	
	y the	lit	mlin 1	Wong Jo		MEDICAL STAF		
3 HOSPI	FUNE UIGHE S	E+1	IN'S NAME (TYPE OR PRIN	110mg T	als Johns	Hoptins	Hospital	
NINA	Short	230. BURIAL, CREMA	TION, REMOVAL 12	PID DATE 2	NAME OF CEMETERY OR CREMATOR	Y 234 LOCATION	COUNTY STATE	1
1103	BP	24 FUNERAL DIRECT		1-11-80	HOLY KOCARY	BALL	25b. REGISTRAR'S SIGNATURE	100
	DHMH-16 25M (VRA 15, 4) 1/79	John)	M. WE	BER & SOVE	SINC CHESIAR	AN1 4 1980	history Malredy	



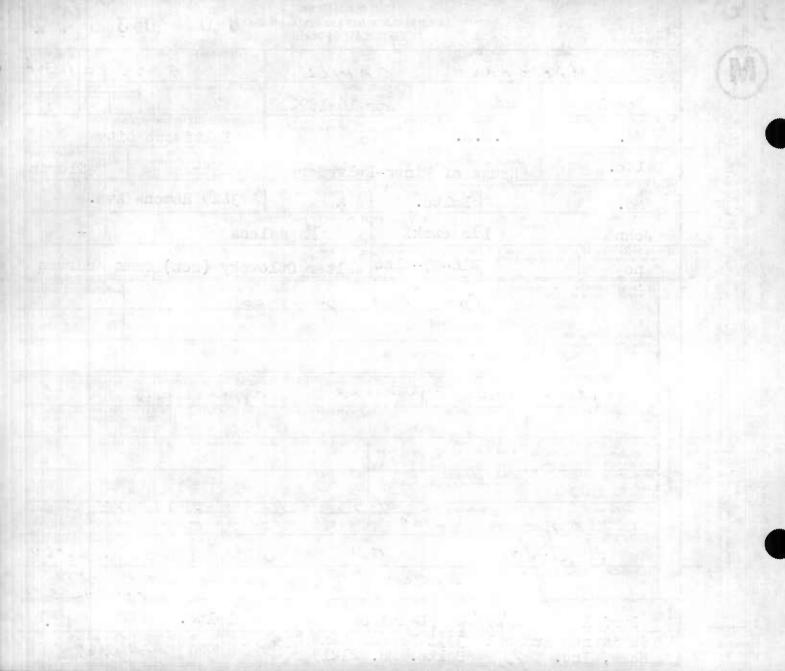
				STAT	E OF MARYLAND			
	1.	FOR STATE			EALTH AND MENTAL HY	GIENE ()	3 5 3	9
-		REGISTRAR	MEI	DICAL EXAMINE	R'S CERTIFICATE OF	DEATH REG. NO.		*
AR		CEASED NAME FIRST		MIDDLE	LAST	20. DATE KNOWN X MO	ONTH DAY YEAR	2b. HOUR
34		JOSE	Н	ERNAN VEI	RGARA BUSTOS		2 14 1980	M
P	3. SE	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR	IF UNDER 1 YR. IF UNDER 24	HRS. 2c. DATE MOI IN PRONOUNCED	NIH DAY YEAR	R 324315UR
	m	ale white	APRIL 8	58 51 YR	Motified Bars Hooks M		2 14 180	Рм
ý		IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WE	IAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
14	-1	CLUMBIA	CoLun	nRIH	WIDOWED DIVORCED		ty	MD.
ā	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FAI	CHITY GIVE STREET ADDRESS)	OR OTHER INSTITUTION 12	O. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE)	ORK 12b. KIND OF I	BUSINESS
8		ltimore	S.T.U.	University		UNK		
1	USU.	AL RESIDENCE LE IN HURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSIO	N) 13d. INSIDE CITY LIMITS? 13	e. STREET ADDRESS		
16		LUMBIA B		BOGATA	YES NO X		A14 SUE	2
_		ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN I		LAST	
H	1 17	MPILIO	MIDDLE	VERGARA	DILIA	Minner	BUSTOS	
5	16a. \	WAS DECEASED EVER IN U.S. AF	MED FORCES?	166. SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS	1311	775
>	- "	NO OR GRANOWN)	- WAR OR DATES)	100	KAREN	VERGARA	19 Compi	ess en
		18. CAUSE OF DEATH (Enter o	nly ane cause per line	far (a), (b), and (c).)			APPROXIMA	ATE INTERVAL SET AND DEATH
	18	PART I DEATH WAS CAUSE	D BY:	ultiple inju	ries		BETWEEK OK	SET AND DEATH
į		8147 MMEDIA	IL CUOSE (a)	AS A CONSEQUENCE O				
	1	Canditians, if any, which						
	100	cause (a) stating the under		AS A CONSEQUENCE O	F		1 1 5 6	
		lying cause last.	(6)					
		PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO GEATH	BUT NOT RELATED TO THE TERMI	NAL OISEASE OR CONDITION GIVEN IN PART 1	(o).		
-	NO							
	1	198. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED?		20. AUTOPS	Y?
	Ē						YES 😾	NO [
	CERTIFICATION	210. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	21c. HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18 PART 1		
		UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH 2:45 M	2-14 180	pedestrian str	uck by auto		
	MEDICAL	21d IN HIRY OCCURRED	21e. PLACE (	OF INJURY (AT HOME,	211. LOCATION		00111111	
	X	WHILE NOT WHILE AT WORK	high	ORY, FARM, ETC.)	Martin Blvd.&C	ompass Rd. Midd	dle River	Marvi and
1								, ,
5	2	22a I certify that I taak char	ge at the remains des	-			my apinian	
AKYLAZ	1	death resulted fram: Nat	raicauses [_]',	Accident LAJ, Suid		Undetermined manner,		
		ACTUAL ACTUAL	Juan	W	TITLE (SPECIFY)	D	ATE 2 15	00
LIMORE, MY	7	SIGNATURE			M.D.Assistant	MEDICAL EXAMINER S	IGNED 2-15	-00
	4	EXAMINER'S NAME HOTE	ez R. Guar	rd. M.D	ADDRESS 111 Pe	nn Street		
-	230 5		23b. DATE	The state of the s	ETERY OR CREMATORY	23d LOCATION		
	- (	SPECIFY)	FER 71 100	O GARDENS	OF REMEMBERS	CITYOR TOWN	OLUMBIA	STATE
	24. F	KEMOVAL UNERAL DIRECTOR	14) 051/10		LITE IND. 250. DATE REC	C'D. BY REGISTRAR 25b. REGISTRA	AR'S SIGNATURE	-01
)	10,	NAMELLY FUNERAL L	ADDRESS	DIACE AUT 13H	SI STATE PER	20 1980 high	ry Melre	de
	- C	INVIVE VIUNER AT L	10/// 7081	11145E HVI.	Ch			

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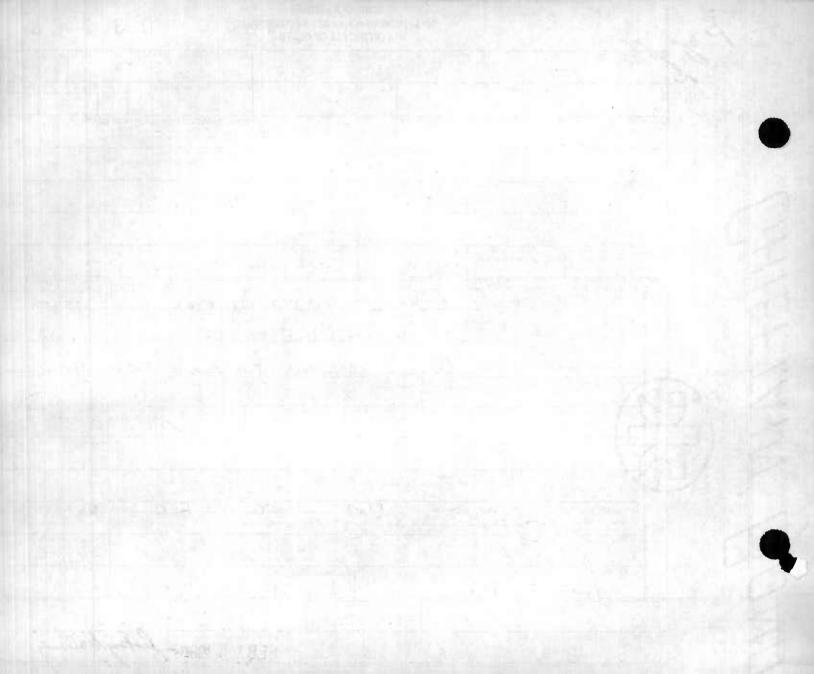
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME FIRST 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 80 Lawrence Octavis Butts 53 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER 24 HRS DAY DAY5 26 1913 MALE BLACK 66 10 TO BIRTHPLACE STATE OF FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARYLAND Baltimore City U.S.A. WIDOWED DIVORCED IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Saint Agnes Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore CHICKEN TRUCK DRIVER ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13b COUNTY 13d INSIDE CITY LIMITS? 13c CITY OR TOWN DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND MARYLAND CATONSVILLE Jones Avenue 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST puo John Sutton Henry Butts Tda ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 218-07-4885 Mrs. Mary G. Boardley 4 Jones Avenue APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per line for 10 , (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF troumotic Conditions, if ony, which gove rise to immediate couse 101, stating DUE TO OR AS A CONSEQUENCE underlying couse 0 Dene marrow PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR GONDITION GIVEN IN PART 1/6 CERTIFICATION 0 19a DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORME 20a AUTOPSY 20b. IF YES, WERE FINDINGS USED 5 à IN CERTIFYING CAUSES OF DEATH? per ancimemol YES [ NO F Hygie 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) PHYSICIAN: 8 Aentol H HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH 0 Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M Σ 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211, LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK _, that (I) (we) lost 1980 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME INVESTIGATION 22e ADDRESS should b TOI, 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Ed. LOCATION SPEBURIAL Catonsville, Maryland 2-28-80 Western Star Cem. 24 FUNERAL DIRECTOR 25a, DATE REC BY REGISTRAR 25K REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 Herbert E. Nutter 3035 W. North Ave. (VR A 15 (4))

AND DEVELOPMENT OF THE PARTY OF

	1				STATE OF MARYLAND	da a	
		1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE & U C	3 3 4 2
1			CEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
1		()	MAT	REARET	CAHILL	2.2	2 80 10.30
1		3 SE		4 RACE	5. DATE OF BIRTH		FUNDER 1 YEAR FUNDER 24 H
900			Female	White	Apr 16 1892	87 YRS	
Tar.	5/	7a. 81	RTHPLACE ISTATE OR FOREIGN OUNTRY).  Md •	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
Hille	50		Md.	U.S.A.	WIDOWED DINORCED	Baltimore	
st be m	90	]	Balto.	House of Pi	nes-Belvedere	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LET Seamstress	industry Tailori
niner mu	35	USU.	AL RESIDENCE 11F NURSING HOME OF STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY  13 CITY OR TOV  Balto	E ADMISSION) /N 13d. INSIDE CITY LIMITS? YES MO	131. STREET 200 RESS amona	Ave.
ica exan	50	14. FA	THER'S NAME John	Liszewsk	is Mother's Malden NA		LAST
the medi			VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTOR OF LANGE	URITY NO 17 INFORMANT	ADDRESS	me address
event, t		-	no	only one couse per line for (a), (b), a	Walter our	LOWDILY (DOLL) DO	APPROXIMATE INTERVA BETWEEN ONSET AND DE
to burial, cr	, Annual Mark		couse (o), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
shows an	9	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH S NO
ealth and Mental Hygiene is marked or Item 18 shor	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M. MONTH	AY YEAR	RRED JENTER NATURE OF INJURY IN ITEM 18, P	ART I OR PART 2]
alth and Mental Hygiene priss marked or Item 18 shows		MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21R PLACE OF INJURY 1 AT HOME, STREET, FACTORY, OFFICE.	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STAT
2 He	7		sow the deceased alive	pital) attended the deceased from, n 2 - (3 19 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (our) opinion	n death occurred on the date and hou	
letached that ate Dept.			226. SIGNATURE	uzla		MEDICAL STAFF DIRECTOR PHYSICIAN	271. DATE SIGNED
with the State Dept. of			226. PHYSICIAN'S NAME (TYPE	1 5.7. Aux	3 ( )	OLD COUR	TANDALES.
3 =		23a.	Burial, Cremation, remova SPECIFY Burial	2/25/80 E	name of cemetery or crematory altimore	Baito.	county Md.
-16 25		24. F	UNESCHIEFFUNEK I	Funeral 3331	Brehms Lane 250 DA	TE REC'D. BY REGISTRAR 256. REDIST	TRAR'S SIGNATURE
, 4) 1	/79		Home. Inc.	Balto	. Md. 21213	EBS 6 1980   200	greaty



3Ph	1	STATE GISTRAR		DEPARTMENT OF	FHEALTH AND MENTAL HY	REG. NO.	0 3 5 4 3
1		CEASED NAME FIRST Harvey	MIDDLE	Cair	LAST	20 DATE OF DEATH MON 2	10 80 26 HOUR
	1. SE	x M	4 RACE B		E OF BIRTH  DAY  DAY  O 4	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MI
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT CO	MARE	RIED NEVER MARRIED	9. BALTIMORE CITY OR CO Baltimore	DUNTY OF DEATH
of the state of th	10 C	Baltimore	11. NAME OF HOSPITAL	ON CASTIC	e or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	RKING LIFE) 126 KIND OF BUSINESS INDUSTRY
filled in could be result be	USU 13¢	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	DR OTHER INSTITUTION, GIVE RESIDINTY	OR TOWN	N) 13d INSIDE CITY LIMITS?	13. STREET ADDRESS C	astle St.
ond 2 u	14. F/	ATHER'S NAME FIRST Unkn	MIDDLE	LAST	IS. MOTHER'S MAIDEN NA LUCY	WIDDLE	LAST
Popes 1	16a \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	7-07-084	17 INFORMANT 15 Lelia Cai	n 1009 N.	Castle St.
g physicic on papers emoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	ED BY	oi, (b), and (c).	c Cardiac	discise	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
not the death c by the attendir ase remove cark i, cremotion, or other troumotic		Conditions, if ony, which gove rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CO	ungesh	se Hourt &	Enlarge au D	yours hours
equires the signed Then plect to buriol injury, or	N O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	TING TO DEATH B	UT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	ON GIVEN IN PART (10)
he low re on. hos been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERAT	ION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO
rySICIAN: The		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MO		R	RRED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)
UG PHYS ottendin ter this c is the bur h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTO		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN aspital or ECTOR: Af- ed for use of ot. of Health im 21 is mo		22a. I certify that (I) (this hasp sow the deceased of above, (I) (we) (did	oitol) of and the decease	19 80		to <u>Seo</u> death occurred on the date o	, 19 , that (I) (we) and hour and from the couses stated
by the his by the		22d. PHYSICIANIS NAME (TYPE	7/ Mich	1	DEGREE  ATTENDING PHYSICIAN  77e ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	2/12/80
TO HOSPITAL ( TO FUNERAL I should be deto with the Store I		Kobert	- Mich		Johnst	Planshap	Dial
BP	E	Burial, cremation, remova Specify) Burial	23b. DATE 2/14/80		cemetery or crematory alvary Cem.	Anne Arur	
DHMH - 16 50M 1/76 (VR A 15 (4) )		uneral director  M C March F/		E. Nor		B 1 3 1980	watery the breedy

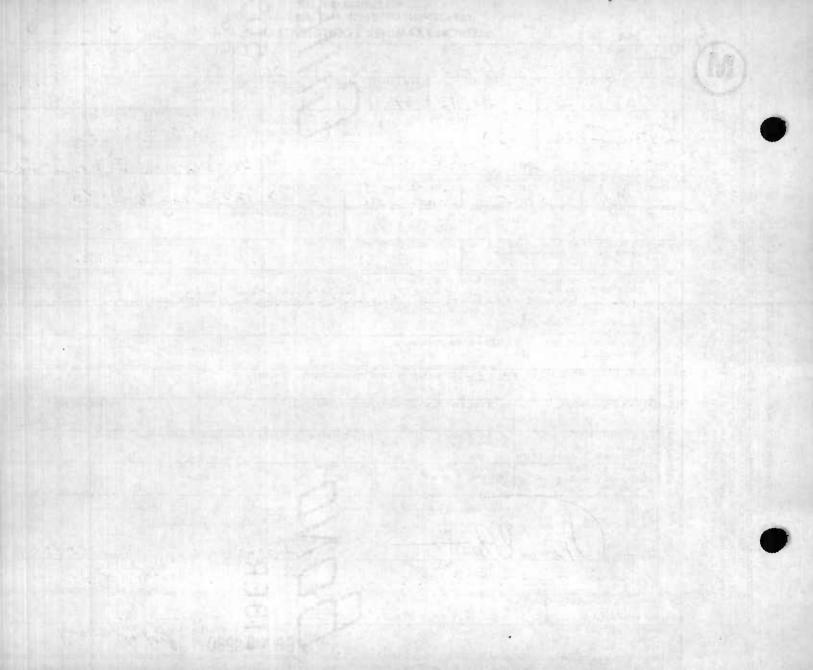


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	-	1-	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL H ICATE OF DEATH	REG.	NO	5 3	6 6
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0 12		n	10		212-03-	0737	Wrs. Ted	C. Florenz	T		am, Mo
ders sever			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly one cause po	er line far (a), (b), ai	nd (cs)				METWEEN	ONSET AND DEA
atic and a second				DIATE CAUSE (o)_	CARD	10pc	monard	1 arrest		Imm	whate
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signe n ple bur	. =		PART 2 OTHER SIGNIFICAN	NT CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIV	EN IN PART I	01
The The		NO.	3/8 RESP. APP		TH AN	OXIC	BRAIN	DAMAS	(2	-/4)	
an. Thenson. Cate has but permit.		CERTIFICATION	190 DATE OF OPERATION	196. CON	DITION FOR WHICH	1 OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	, WERE FINDS YING CAUSES	
	a	CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		OF INJURY A.M. MONTH D	AY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM 18, PA	ART 1 OR PART 2)	
PHYSIC ig physic this certain in Mental I dental	1	CAL	(IF EITHER, NOTIFY MEDICAL EXAMI	DEATH	P.M.	19					
tending tending After th the bur the bur h and M		MEDICAL	216 INJURY OCCURRED  WHILE   NOT WHILE   AT WORK	21e PLACE (AT HOME, S	E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC	211 LOCATION STREET	CITY OR 1	OWN	COUNTY	STATE
or at or at OR: Se as Se as			22a I certify that () (this he			Z	14 19 8	30,10 2/	14	19 80	that (1) (we)
ATT intal of the			sow the deceased alive above (1) we (dia) (dia	on 2/4	80 19	80 .	nd that in (my) (our) opini	on death accurred on the	date and hou	and from the	couses stated
5 5 5 5			226. SIGNATURE	0	A.	~	DEGREE		11	Th. DATE	SIGNER
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THE GOS	1		22d. PHYSICIAN'S NAME IT	PE OR PRINTIL	2a) M	7.	TOHNS	HOPKINS	Hos	0092	_
TO H retain TO F shoul with		230. P	BURIAL, CREMATION, REMO			NAME OF C	EMETERY OR CREMATOR	23d LOCATION	7	///	
BP	- 1	+	Burial				g Hill	Easton.	Talb	O.T. M	arylar
-4-7	10	24 FL	JNERAL DIRECTOR				250. 0	ATE PECID BY REGISTR			
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			130 CITY OR TOWN	13d. INSIDE CITY LIMITS		ya Harbo	r Rd.	J	
14. FA	THER'S NAME	MIDDLE	IAST	15. MOTHER'S MA	IDEN NAME	LE .	. LAST.		
	Roscoe					S	tewart		
16a. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?					10	45	
	s WWII	Korea	481-10-43	368 Thelma	R. Campbell	same as	13e.		
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	Conditions, it ony, which gave rise to immediate	(b)							
63	cause (a) stating the <u>under-</u> lying cause last	DUE TO, OR	AS A CONSEQUENCE C	)F					
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TA.	190. DATE OF OPERATION	TION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							
E							YES 🗆	NO X	
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EDI	21d. INJURY OCCURRED	21e. PLACE	OF INJURY (ATHOME.	21f. LOCATION	CITY OF TOWN	C	DUNTY	STATE	
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1	debin resolie dironi:		Accepti Man, Soi			,			
	ACTUAL / HOW	all mi				DATE	En 2/14/	80	
	1		10						
	EXAMINER'S NAME Thor	nas D. Smi	ith, M.D.	ADDRESS 111	Penn St.	Balto.,	MD.		
	URIAL, CREMATION, REMOVAL 2	3b. DATE	23c. NAME OF CEM		23d. LOCATION	601	INTY	ATE	
(	Burial	世并书卷* 2/1	7/80 Woods	field Cemeter	y Galesv		31		
		ADDRECE	nem neme			25h PGISTRAR'S	a Bresly		
I	Hardesty Funeral	home 12	Ridgely Ave.	Ann. MD.FEE	1 9 1980	Lilia	/		
	7a. 8l 20 10. CI	Male  Male  Male  White  7a. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)  INCIDIA  10. CITY OR TOWN OF DEATH  Baltimore City  USUAL RESIDENCE (IF IN NURSING HOME OF JUNE)  14. FATHER'S NAME ROSCOE  16a. WAS DECEASED EVER IN U.S. ARA (YES, NO, OR UNKNOWN)  YES  18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSET IMMEDIAT  Conditions, if ony, which gove rise to immediate couse (a) stoting the underlying couse lost.  PART 2 OTHER SIGNIFICANT (ONOITIONS)  19a. DATE OF OPERATION  19a. DATE OF OPERATION  19a. DATE OF OPERATION  21d. INJURY OCCURRED  WHILE AT WORK  22a. L certify that to chorg death resulted from:  CONTRIBUTING CAUSE OF INTO WHILE AT WORK  22a. L certify that to chorg death resulted from:  12a. BURIAL CREMATION, REMOVAL [2]  EXAMINER'S NAME Thom  23a. BURIAL CREMATION, REMOVAL [2]  BURIAL  24. FUNERAL DIRECTOR	REGISTRAR  T. DECEASED NAME (TYPE OR PRINT)  ROBERT  ROBERT  Male  Male  Mhite  Male  Mhite  Male  Mhite  Month Day  Male  Mite  Month Day  Mite  Mi	TOPECEASED NAME (TYPE OF PRINT)  SEX  1. RACE S. DATE OF BIRTH MODIE  Male White  76. BIRTHPLACE ISTATE OR POSEGN COUNTRY)  IO. CITY OR TOWN OF DEATH Baltimore  City  USUAL RESIDENCE (FEN NURSHING MODIE ROSCOE  14. FATHER'S NAME ROSCOE  16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b)  Conditions, if ony, which gove rise to immediate cause (c) storing the underlying couse lost.  190. DATE OF OPERATION  191. PLACE OF INJURY (A HOME, STREET, FACTORY, FARM, ETC.)  201. CITY OR  ACCIONAL SECURITY  48 1- 10-43  191. PLACE OF INJURY (A HOME, STREET, FACTORY, FARM, ETC.)  210. EXTERNAL CAUSE WAS  210. TIME OF INJURY (A HOME, STREET, FACTORY, FARM, ETC.)  211. INJURY OCCURRED  WHILE AT WORK  212. Certify than these charge of the remains described obove, held an death resulted from:  NOT WHILE AT WORK  212. Lertify than these charge of the remains described obove, held an death resulted from:  NOT WHILE AT WORK  212. Certify than these charge of the remains described obove, held an death resulted from:  NOT WHILE AT WORK  212. PLACE OF INJURY (A HOME, STREET, FACTORY, FARM, ETC.)  213. BURRALCREMATION.REMOVAL 235 DATE EXAMINER'S NAME Thomas  D. Smith, M. D.  213. BURRALCREMATION.REMOVAL 235 DATE  274. FUNDERAL DIRECTOR	PART 2 OTHER SIGNIFICANT   Campbell   Camp	DEFARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  NEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  NEDICAL EXAMINER'S CERTIFICATE OF DEATH  NEDICAL EXAMINER'S CERTIFICATE OF DEATH  NEDICAL EXAMINER'S CERTIFICATE OF DEATH  NOTIFIC OF MINISTER  ROBERT  R	DEPARTMENT OF HEALTH AND MENTAL HYGIENE RESISTAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  ROCKE  RO	DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  MADE  SOME OF STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  MEDICAL EXAMINER'S PART OF STATE OF	



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME MIDDLE LAST 2a. DATE OF DEATH MONTH YEAR (TYPE OR PRINT) 80 0475 ROBERT CARPENTER IF UNDER LYEAR IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) 3 SEX 2154R DAYS White Male To. BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRYVirginia U.S.A. WIDOWED DIVORCED [ RALTIMORE IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR Animal Caretak (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Frederick, 13a STATE M36 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS Frederick ewistown aryland NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Cleveland Carpent cDonald Carpenter 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I IF YES, GIVE WAR OR DATEST (YES, NO OR UNKNOWN) Mrs. Louise Carpenter Yes APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac arrest Paula DUE TO, OR AS A CONSEQUENCE OF 7 Z hours aute Renal bulene Gram Majabol Septer Canditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying cause CERTIFICATION 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ NOF YES [ 21a. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) or Item HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 02 10.80 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive an 63 18 abave, (I) (we) (did) (did nat) view the bady after death. 19 87 and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated 22c DATE SIGNED 22h. SIGNATURE DEGREE witgelen Merce MEDICAL STAFF ATTENDING TO FUNERAL should be detact with the State IMPORTANT: DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 523 Dunker Rd Barriou Hayles CHRISTOPHER R. RORROS 23a BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE STATE Olivet Cemetery BP Buri Frederick 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-16 25M** GDStauffer, Rt. 10, Box 66, Fred. (VRA 15, 4) 1/79

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1 -	STATE REGISTRAR		MEDICAL EXAM	MINER'S CERTIFICATE	OF DEATH	ATH REG. NO. 3 5 4 9				
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(11	PE OR PRINT)	James	F.	Carrol1	OF I	ATED K 2	2 10	1980		
3. SE	X	4 RACE	S. DATE OF BIRTH 6. AGE	(IN YEARS IF UNDER 1 YR IF UNI			ONTH DAY	YEAR	2d HO	
M:	le l	Black	9-19-1893 P	BIRTHDAY) MONTHS DAYS HOURS		ED	) 11	19 80	8:1	
7a. B	IRTHPLACE (5)		76. CITIZEN OF WHAT COUNTRY?	6 YRS.	2 BALTIMO	RECITY OR C	2 11		A	
F	DREIGN COUNTRY)	111	U.S.A.	MARRIED NEVER MA	ARRIED U					
10 C	ITY OR TOWN	OF DEATH	11. NAME OF HOSPITAL, NURSING I		DRCED BE	ltimo	re City	ND OF BU	ICINIECC	
			(IF NOT IN SUCH FACILITY, GIVE STREET ADD	RESS)	FOR MOST OF WORKIN	G LIFE)	WORK O	R INDUST		
	1timore		611 Cumberland	Street						
13a. S	STATE	13b. COUN	TY 13c. CITY OR TO	WN 13d. INSIDE CITY LIMITS	13e. STREET ADDRESS	1	,	01		
	Md	<u> </u>	BALT	O · YES NO	0 611 Cun	nberle	and	St.		
14. F	ATHER'S NAME		MIDDLE AAST	15. MOTHER'S MA	IDEN NAME	LE /		LAST		
	FR	ANK	CARROLL	E	liza Cli	Hon	)	- 101		
16a.	WAS DECEASED	DEVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SEC	CURITY NO. 17 INFORMANT	1	ADDRESS				
	NO	(1. 123, 0112	215-09	-9891 REVERIV	CARRALL		SAME	_		
	18 CAUSE O	F DEATH (Enter onl	ly ane cause per line for (a), (b), and (c	),)	7,100,1		A	PPROXIMATE	INTERVA	
	PARTIDE	ATH WAS CAUSED	D.RY.	clerotic Cardiov	racoular Diag	000	BETY	WEEN ONSET	AND DE	
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	163	G ONNEDIA			aboutat bibe				-	
	Condition	is, if ony, which	DUE TO, OR AS A CONSEQUE		0000141 0100					
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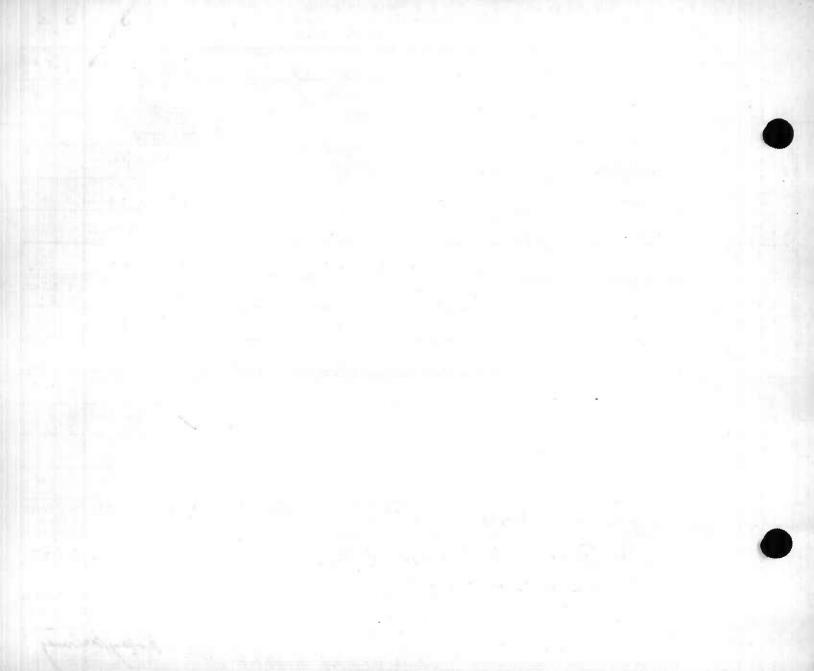
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

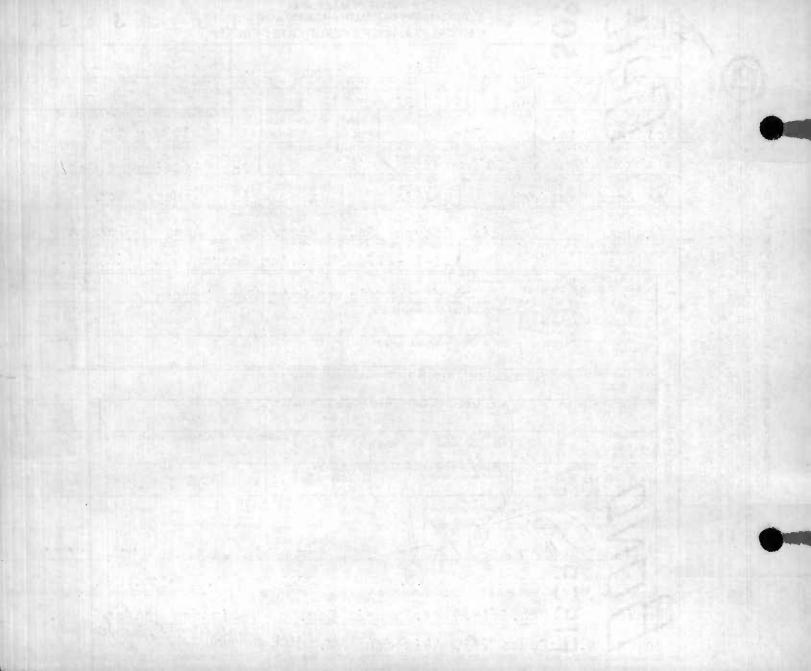
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		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY O	R COUNTY O	F DEATH	
uneral un 72		Virginia	U.	S. A.	WIDOWE		BALTIMOR	E CITY		MD.
ofter of with the full with th		TY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET N MEMORIA	ADDRESS)	ROTHER INSTITUTION PITAL	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O		12b. KIND OF INDUSTRY	BUSINESS OR
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ithin the stely 2 sh		THER'S NAME				15 MOTHER'S MAIDEN NA	ME			0
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col e	láa V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT		17 INFORMANT	ADDRE			
n and ce Pages I	. (	YES, NO OR UNKNOWN] (IF YES, GIV	E WAR OR DATES]	214-24	-793	Catherine	Carter 84	1 N. Wa	shingt	on St.
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death control attending action, or troumatic		Conditions, if any, which	(	R AS A CONSEOU	ENCE OF					
me de de matre		gave rise to immediate	(b)_							
thot the day the ease re		cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEOU	ENCE OF					
the below the state of the stat		PART 2 OTHER SIGNIFICANT	(c)	ONTRIBUTING TO	DEATH BUT	NOT BELATED TO THE TERM	INIAI DISEASE OF CON	DITION GIVEN	I IN PART 1/a	
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ING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ratending physician.  Tatending physician in the seen signed by the attending physician and campletely filled in by the burnal-trassit permit. Then please remove carbonapapers. Pages I and 2 should be filled in and Mental Hygiene priar to burial, cremation, ar remaval.	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING NG CAUSES C	
asicro	1 2	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI			
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TIENDING oital ar att TOR: After far use as the af Health a		22a.1 certify that (I) (this hasp	ital) attended th	e deceased from	FCB	01 10 10	to FEB o	<b>\$</b> 10	80 4	ot (I) (we) lost
OR: OR: FHeus		saw the deceased alive ar	FEB OS	19_		id that in (my) (our) opinion (		-		
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the Court of the C		Dr. Ruh	nd a.	Jebo	N	M.D. ATTENDING PHYSICIAN	MEDICAL STAI	IAN 🗹	02-	
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5 5 6 8 8 M	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23:	NAME OF C	EMETERY OR CREMATORY	236. LOCATION		OUNTY	STATE
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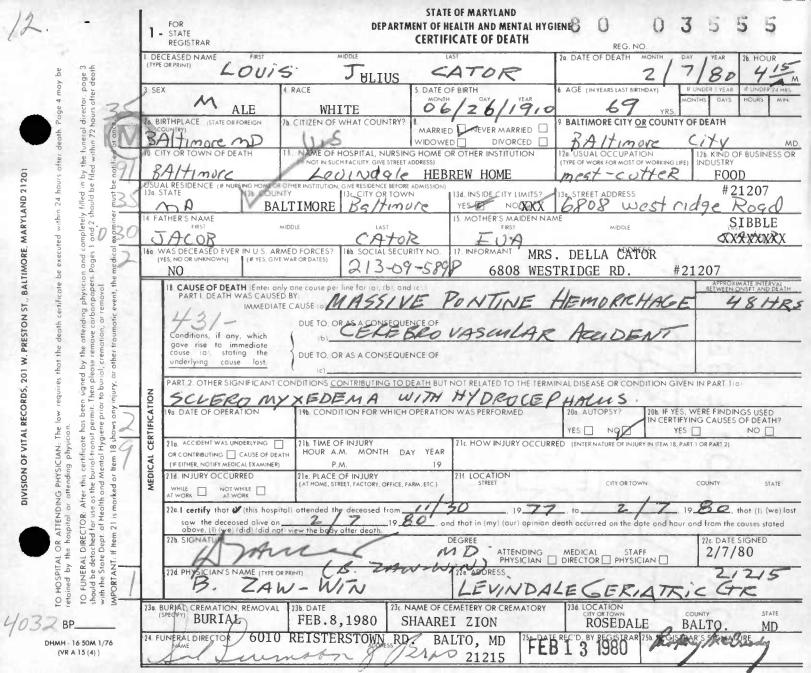


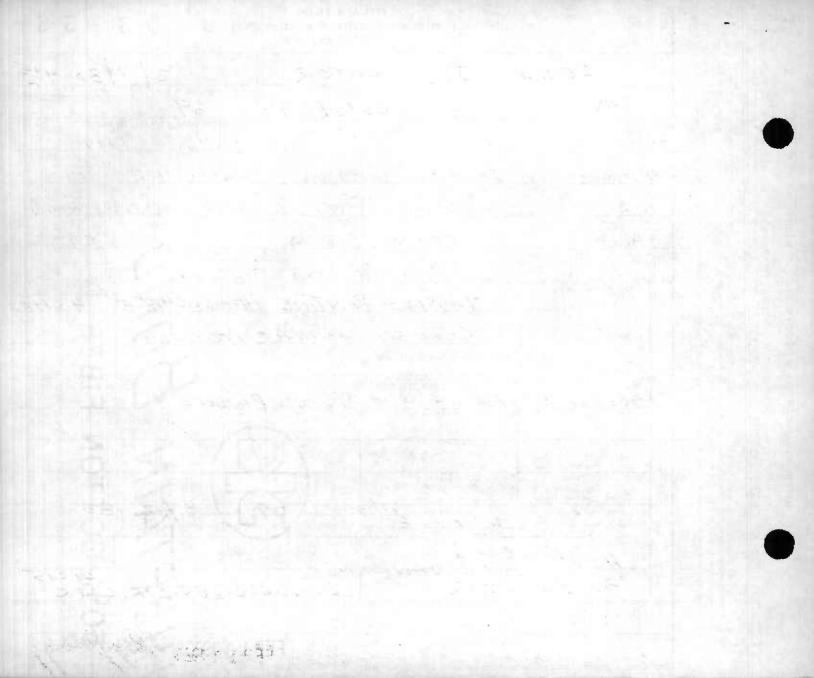
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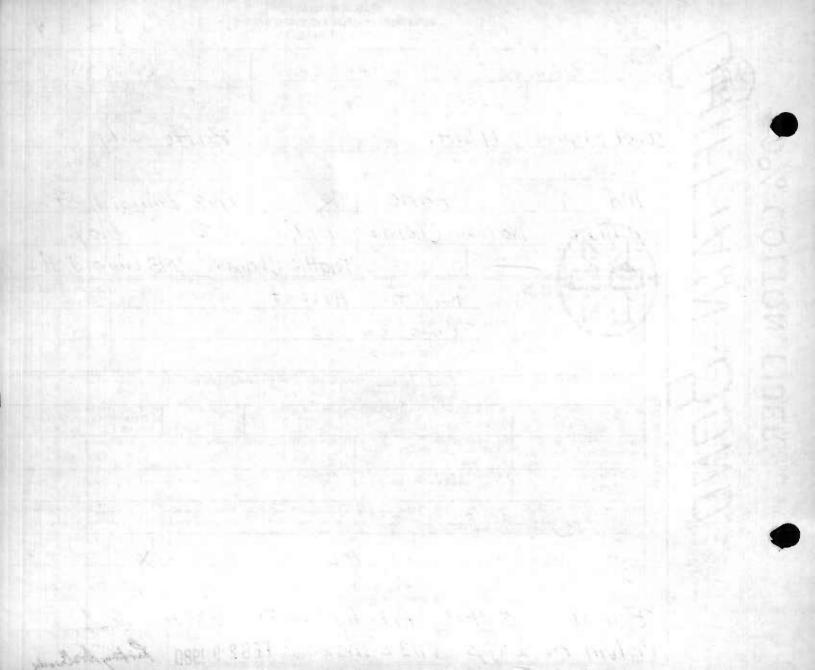


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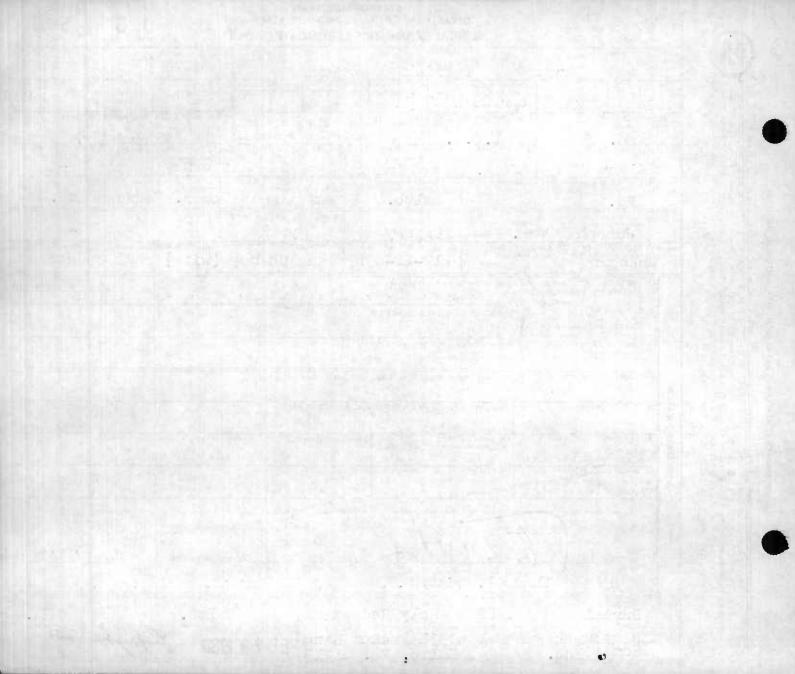
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	1-	STATE REGISTRAR	DEP	CERTIFICATE OF DEATH		0 3 5 5 7
1		CEASED NAME FIRST RICHAR	MIDDLE	CHANDLER	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 25 M
	3. SEX		NEGRO	5. DATE OF BIRTH MONTH DAY YE.	6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.  WONTHS DAYS HOURS MIN  YRS.
35		RTHPLACE (STATE OR FOREIGN DUNTRY)  ST. VITTING	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIE	12-11	OR COUNTY OF PEATH
2		BALTO.	SINAI HO	latige	ON 120 USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY
35	USU/ 130 S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE INTY	PEONE ADMISSION) 136. INSIDE CITY LIM YES NO [	AITS? 13e. STREET ADDRESS	linnard St.
o Coming	14 FA	WILLIAM	Wathan Ch	andler Mirell	EN NAME	Gray
medicol		VAS DECEASED EVER IN U.S. AR (IF YES, GIV	RMED FORCES? 166 SOCIALS 23-	10-8790 Mattie	Chandler 7	43 Linnard St.
		PART I. DEATH WAS CAUSE	nly ane couse per line for (a), (b ED BY: TE CAUSE (o)	400-	Τ.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 MINIUTES
other troumatic		Canditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSI			CHRONIC
ō		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE			
ony injury,	ATION	190. DATE OF OPERATION		TO DEATH BUT NOT RELATED TO THE	206 AUTOPSY?	206. IF YES, WERE FINDINGS USED
o smoys 81	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING			YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
or Hem 18 sho	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH ) P.M.	DAY YEAR 19	SCCORRED (ENTER NATURE OF INJU	RY IN HEM 18, PART LORPART 2)
	MED	WHILE OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		CITY OR TO	WN COUNTY STATE
21 is m		220.1 certify that (1) (this hosp saw the deceased alive on abave, (1) (we) (did) (did no	ital) attended the deceased from 2128 at) view the body after death.	0.0	pinion death occurred on the c	19 80, that (1) (we) lost dote and hour and from the couses stated
T. If Item		276 SIGNATURE Tomen	loum	9102 M.D. ATTEND	DING MEDICAL STA	OFF 2/28/80
IMPORTANT: H		228 PHYSICIAN'S NAME (TYPE O		9102 SINA	HOSPITA	L OF BALTIMORE
>	23o. B	URIAL CREMATION REMOVAL		130 NAME OF CEMETERY OR CREMA	TORY 23d LOCATION	COUNTY STATE
73	24 Ft	INERAL DIRECTOR B	Codox Me	12 F. Procha C		256. REGISTRAR'S SIGNATURE



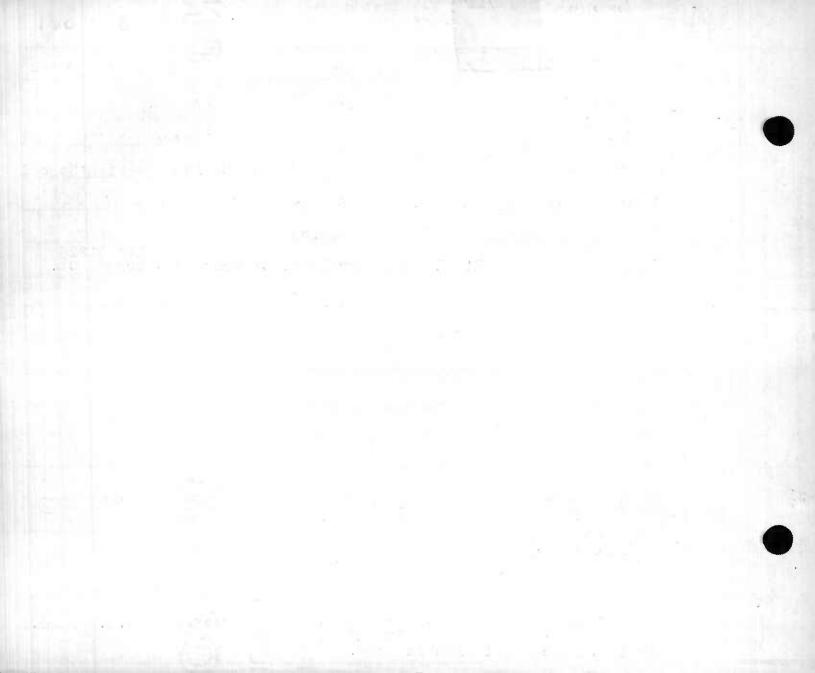
			STATE OF A	ARYLAND			
	FOR STATE	DEPART	MENT OF HEALTH	AND MENTAL HY	GIENE	0 3 5 3	5 8
	REGISTRAR	MEDICAL	EXAMINER'S C	CERTIFICATE OF	F DEATH REG.	NO.	• •
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE KNOWN		EAR 26. HOUR
(TYPE	e OR PRINT) Morgan	n Patr	ick	Chaney	OF ESTI- DEATH MATED		90
3. SEX		5. DATE OF BIRTH	6. AGE (IN YEARS IF UN			2 2819	YEAR 2d. HOUR
		MONTH DAY YEAR	LAST BIRTHDAY) LACKITI	HS DAYS HOURS	MIN. PRONOUNCED	The second	6:55A
	ale   White	Apr 20 192			DEAD	2 28 19	80 M
7e. BIR	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WHAT COUP	TRY? 8. MARR	ED NEVER MARRIE	D . BALTIMORE CITY	OR COUNTY OF DEAT	TH .
	Md.	U.S.A.	WIDOW	PED DIVORCE	□ □ Balti	more City,	MD.
10. CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		ER INSTITUTION	12a, USUAL OCCUPATION (1	YPE OF WORK 12b. KIND C	OF BUSINESS OUSTRY
Ba	altimore City	716 N. Kenwo			Attorney	OK II V	_
USUAL	L RESIDENCE (IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENC	BEFORE ADMISSION)				
13e. ST.	Md . 13b. COUNT	Y 13c. CITY	alto.	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS K	enwood Av	e.
14 54	THER'S NAME		X = 00 •	15. MOTHER'S MAIDE!			
15. FA	FIRST	MIDDLE	LAST	Myrtl Myrtl	3100H4	LAST	
	Joseph		haney			-	
16a. W	(AS DECEASED EVER IN U.S. ARM S. NO. OR UNKNOWN) (IF YES, GIVE V		2-22-6943	17 INFORMANT	ney (wife)		000
	unknown (15 yes, give v	21	2-22-0743	Ann Gna	meh (MTTe)	Same addr	600
	18 CAUSE OF DEATH (Enter only	y one cause per line for (a), (b	), ond (c).)			APPROX	XIMATE INTERVAL ONSET AND DEATH
	PART I DEATH WAS CAUSED	BY:	is of live	r with rest	rointestinal		
	571.5 MMEDIA	DUE TO, OR AS A COL			· · · · · · · · · · · · · · · · · · ·	TICHIOT THESE	
	Conditions, if ony, which						
	gave rise to immediate	(b)					
	couse (a) stating the <u>under</u> - lying cause last.	DUE TO, OR AS A COI	ISEQUENCE OF				
		(c)					
	PART 2 OTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NOT REL	LITEO TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART	[1](a),		
CERTIFICATION							
Y.	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION W	AS PERFORMED?		20. AUTO	OPSY?
FF	Barton Marie Con	E BUILDING				YES	NO D
1 2	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY		OW INJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM		
NEC	UNDERLYING OR	HOUR A.M. MONTH					
	CONTRIBUTING CAUSE OF D	21e. PLACE OF INJURY	19 (AT HOME, 21f. LO	CATION			
MEC		STREET FACTORY FARM		STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK						
	220. I certify that I took c	-1 the remains described all	ove held an Autop	sy X, Inspection	, Inquiry .	ond in my opinion	
		ol comes X . Actident	5 1-5	Homicide .	Undetermined manner	]	
1	death resulted from:	The Contraction	T Burne L		Ongetermined manner	,	
	ACTUAL	V-24 X	Tunk	TITLE (SPECIFY)	0	DATE 0.40	d /do
-	SIGNATURE	us vocal	N	Deputy Ch	1 CAL EXAMINER	SIGNED 2/2	8/80
	EXAMINER'S NAME TY	ome D Smith	MD	111 D	onn CT D-7	to 100	-
	ELECTRICAL PROPERTY.	nomes D. Smith		ADDRESS	enn ST. Bal	to., MD.	
23a.BU	urial cremation, removal 25 Burial	3b. DATE 23c.	loly Rede	R CREMATORY	23d. LOCATION	COUNTY	श्रमम्
					Balto.		Md.
24. FU	NERS Chimunek F	uneral 333	1 Brehme	Tane 250 DATER	EC'D. BY REGISTRAR 25	free halres	dy
	Home. The	Ral	to. Md. 2	Lane FEB	2 9 1980	July	/



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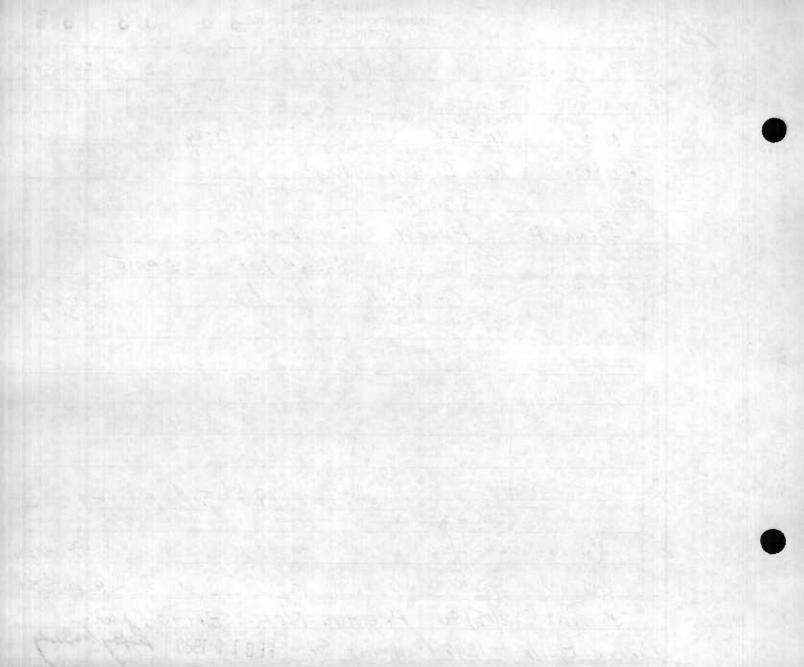
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AT RESIDENCE (FIN NUR  ATTIVE TO THE PER OR	GLIVINSTOLE  5. DATE O MONTH  TO 5  7b. CITIZE  TH 11. NAME (IF NOT UNIO)  RISING HOME OR OTHER INSTI	F BIRTH DAY  15 4  N OF WHAT  J. S. OF HOSPIT N SUCHFACELT N Memo	DONNELL  YEAR  13  36  YEAR  COUNTRY?  AL, NURSING HOME.  Y, GIVE STREET ADDRESS!	CHE  ARS IF UNDER  MONTHS  S. MARRIED 3  WIDOWED  OR OTHER IS	A 1 YR. IF UNDER 2 DAYS HOURS  NEVER MARRIE DIVORCE	20. DATE KNO OF EST DEATH MATE PRONOUNCED DEATH OF DEATH	MONTH 2  CITY OR COUN	13 ₁₉ 80 0AY YEAR 13 ₁₉ 80	
male neg  STATE OR  Baltimore  AL RESIDENCE (# IN NUR  STATE  Maryland  ATHERS NAME	MONTH  5 7b. CITIZE  11. NAME (IF NOT UNIO)  RSING HOME OR OTHER HIST.	J. S.  OF HOSPITA  N MEMO  TUTION, GIVE RE	YEAR LAST BIRTHDA 3 36 YR COUNTRY?  A.  AL, NURSING HOME, Y, GIVE STREET ADDRESS!	MARRIED WIDOWED	MEVER MARRIE  DIVORCE	PRONOUNCED DEAD    BALTIMORE   Baltimo:	2 CITY OR COUN	13 ₁₉ 80	
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Baltimore AL RESIDENCE (IF IN NUR STATE Maryland ATHERS NAME	TH 11. NAME (IF NOT UNIO)	OF HOSPITAL SUCH FACILITY  Memo	AL, NURSING HOME,		NSTITUTION	12- HELLAL OCCUPATIO			
Maryland ATHER'S NAME					DOA)	FOR MOST OF WORKING L	ON (TYPE OF WORK	12b. KIND OF BU OR INDUST	
EIDET		j	is idence before admission.  Baltimore	13d. YI	ES X NO 🗆	2707 The	Alameda		
	MIDDLE		Cheathan	n	MOTHER'S MAIDEN Ruth	WIOOFE		Cherry	
WAS DECEASED EVER I YES, NO, OR UNKNOWN) YES	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE)  ALTHY	)	66. SOCIAL SECURITY <b>215–40–27</b> 9		Ruth Foot	e 2707 The	Alameda		
Canditions, if all gove rise to cause (a) stating lying cause last.  PART 2 DTHER SIGNIFICANT	immediate (	:)	A CONSEQUENCE C		CONDITION GIVEN IN PART	Ι (α).			110
190. DATE OF OPERA	TION 19b	CONDITION	N FOR WHICH OPERA	ATION WAS F	PERFORMED?			20. AUTOPSY	/? NO [3
210. EXTERNAL CAUS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING COURR WHILE NOT VALUE OF THE CONTRIBUTION OF THE CO	OR HO	P.M.	ONTH DAY YEAR  19  NJURY (ATHOME.		ION	CITY OR TOWN		ART 2)	STAT
22a. I certify that I death resulted from ACTUAL SIGNATURE	took charge of the rer	X). Ac	cident , Sui		Assistant	MEDICAL EXAMINER	DATE	2-13-	80
EVANILLER 2 LANGUE	EMOVAL 236. DATE		23c. NAME OF CEM	METERY OR CE	REMATORY	23d. LOCATION CITY OR TOWN		-	STATE
A SI	CTUAL GNATURE  XAMINER'S NAME YPE OR PRINT)  IAL CREMATION R	CTUAL KSNATURE  XAMINER'S NAME AND YPE OR PRINT)  AND AND AND AND AND AND AND AND AND AN	CTUAL KONATURE  AAMINER'S NAME YPE OR PRINT)  AAMINER'S NAME ANN M. Dixon,  IAL. (CREMATION, REMOVAL 23b. DATE Burial 2/18/1980	CTUAL KONATURE  XAMINER'S NAME Ann M. Dixon, M.D.  YPE OR PRINT)  AND  AND  1236. NAME OF CEA  Burial  2/18/1980  Arbutus	Accident Suicide M.D.  CTUAL KAMINER'S NAME Ann M. Dixon, M.D.  ADDIAL CREMATION, REMOVAL 23b. DATE Burial 2/18/1980 Arbutus Memor:	Accident Suicide Mamicide Mamicide Mamicide Mamicide Mamicide Mamicide Mamicide Mamature Mama	Accident   Suicide   Homicide   Undetermined monner    CTUAL   M.D. Assistant   MEDICAL EXAMINER    KAMINER'S NAME   Ann M. Dixon, M.D.   ADDRESS   111 Penn St.    IAL. CREMATION, REMOVAL   23b. DATE   23c. NAME OF CEMETERY OF CREMATORY   23d. 10CATION    Burial   2/18/1980   Arbutus Memorial Park   Arbutus,	Accident   Suicide   Homicide   Undetermined manner   Accident   Suicide   Homicide   Undetermined manner   Assistant   MEDICAL EXAMINER   SIGN    XAMINER'S NAME   Ann M. Dixon, M.D.   ADDRESS   111   Penn St.    IAL CREMATION, REMOVAL   23b. DATE   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION   COUNTY OF TOWN    Burial   2/18/1980   Arbutus Memorial Park   Arbutus, Marylan   Arbutus Memorial Park   Arbut	death resulted from: Natural causes X. Accident D., Suicide D., Hamicide D., Undetermined manner D.,  TITLE (SPECIFY)  ASSISTANT  MEDICAL EXAMINER  AND M. Dixon, M.D.  ADDRESS  111 Penn St.  1236. NAME OF CEMETERY OF CREMATORY  Burial  2/18/1980  Arbutus Memorial Park  Arbutus, Maryland

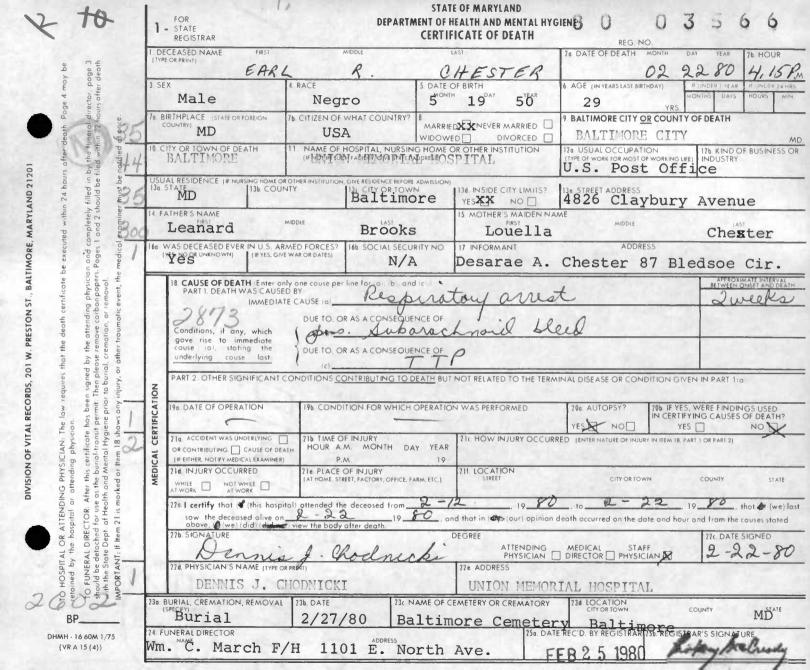
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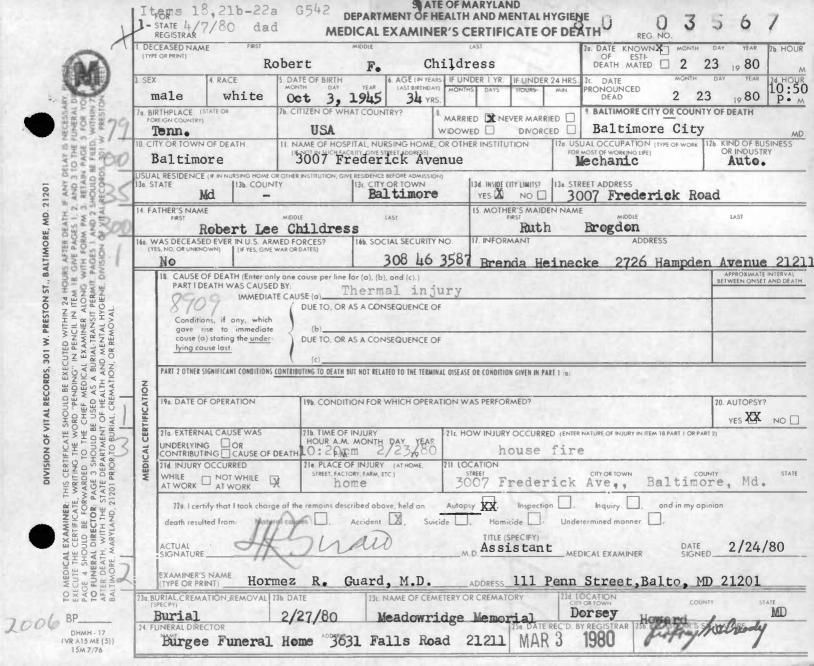
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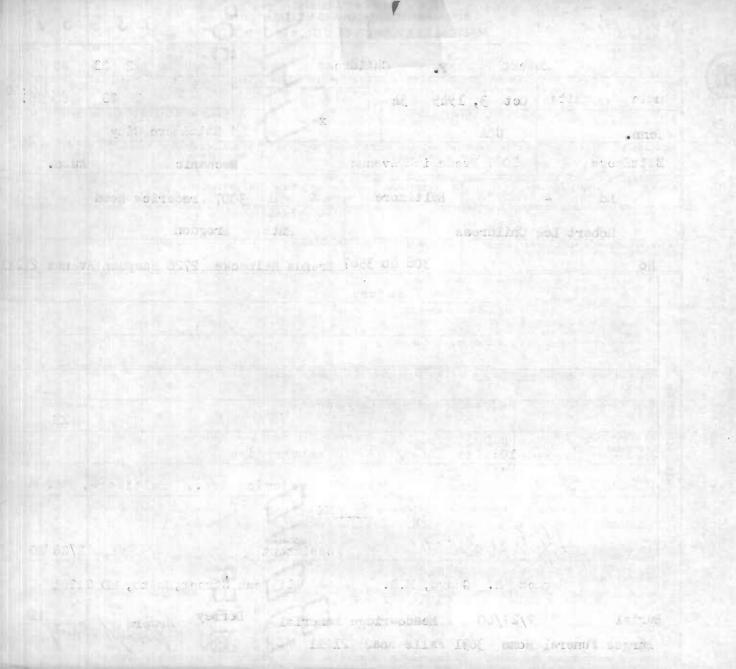
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 4 RACE 3 SEX & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 MRS MONTH YEAR RLACK FEMal 10 65 7a BIRTHPLACE ISTATE OR FOREIGN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 130 STATE 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? MISW. LANUALE ST. mD. NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ADDRESS BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for las PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Canditians, If any, which gove rise to immediate cause ia, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION prior 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? be NO YES [ NO [ tronsit ntol Hygi 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION Š 21d INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE WHILE AT WORK 220.1 certify that (1) (this hespital) attended the deceased from Tan saw the deceased alive an_ and that in (my) four) opinion death occurred on the date and hour and from the causes stated abave, (1) Iwelidid I did nat) view the body after death. 226 SIGNATURE DEGREE 224. DATE SIGNED ATTENDING MEDICAL STAFF 4 old be deta DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 27d PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 236. DATE BIATE 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VRA 15 (4))





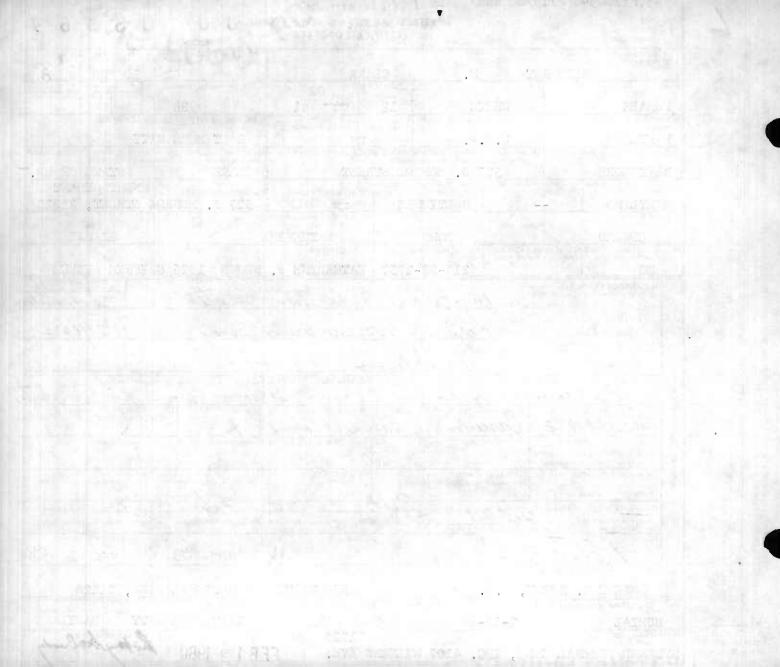
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Landial .offes Cent. C. No. 1sinte U. Irgmen Wonard 5312 Freeherion Ave.

6	1.	STATE REGISTRAR			DEI		FICATE OF DEATH		REG. N	10 [	1 3	2	6 9
		CEASED NAME	FIRST	A	AIDOLE		LAST	2e. D	ATE OF DEATH	MONTH	DAY YE	AR 2b	HOUR
be 3 Bath	(11/2)		MARGARE	ET	M.	C	LARK			02	10 8	30	A. M
m d d	3 SE			RACE		5 DATE	OF BIRTH	6. AG	E JIN YEARS LAST BI		IF UNDER I	YEAR IF	UNDER 24 HRS
ige 4	F	EMALE	100	WHI	ГE	12	04 41			38 YRS	MONTHS	DAYS HO	DURS MIN
Page 1	Pa B	RTHPLACE ISTATE OR	FOREIGN 71	CITIZEN OF		VTRY?		7 1 BA	LTIMORE CITY	1110	TY OF DEAT	Н	
Security 72 h		ARYLAND		U.S	Δ	WIDOW	ED NEVER MARRIED		BALTIMO	F CT	עיד		445
ter of fur thin thin	_	TY OR TOWN OF DE	ATH 1	1. NAME OF H	OSPITAL, N	IURSING HOME	OR OTHER INSTITUTION	N 120. U	ISUAL OCCUPAT	ION	12h. KI	ND OF BI	USINESS OR
by the ed with	В	ALTIMORE				STREET ADDRESS)	TREET		LERK	OF WORKING			F MD.
24 ho	USU	AL RESIDENCE (IF NUI	RSING HOME OR O	THER INSTITUTION.	GIVE RESIDENCE	E BEFORE ADMISSION	)	ven line e	TOUCK ADDRESS		UNEMPI	OYME	NT
S in Sille		ARYLAND	Seconi			IMORE	YES TEN NO	1 5	1 S. MC				
with with shou		THER'S NAME					15. MOTHER'S MAIDE		27 08 110	JIIIO L	DINE	119 2	,1223
AAR ted		EDWARD	MH	DDLE	BRC		KATHE	DTNE	MIDDLE		VI	RAMPE	
KE, N	160 V	VAS DECEASED EVE	R IN U.S. ARM	ED FORCES?		L SECURITY NO.	17 INFORMANT	KINE	ADDR	ESS	- Kr	APILE	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hourstending physician.  14 After this certificate has been signed by the attending physician and completely filled in by its the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than and Mental Hygiene prior to burial, cremation, or removal.  The partial Hygiene prior to burial, cremation, or removal.  The medical examiner must marked or Item 18 shows any injury, or other traumatic event, the medical examiner must		rES, NO OR UNKNOWN)	(IF YES, GIVE W		101			D DD			TEETC	A TZTON	<b></b>
S. P.		NO				·38 <b>-</b> 2757	KATHERINE	P. BK	OWN 192	26 GR	IFFIS		
hysicaper mover		PART I DEATH I	MAC CALICED	DV A	6 6	1. 1	" langt	-	20.7		BETY	- 1	T AND DEATH
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A. Phat rem rem crem		cause (a), stat	ing the			SEQUENCE OF		. 1	- /			/	
ease rial,		underlying caus	se last	( Ic) 4	rtere	ascleri	ses, Gene	uncus	' 1				
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aw reen The Or to	CERTIFICATION	Ca	reine	ma c	of la		c Pharyng			somo	Mye	lon	grandes
TECC The last brant.	Ž	190 DATE OF OPER		196 GONDI	FION FOR W	VHICH OPERATIO	ON WAS PERPORMED	200	AUTOPSY?	20b. IF Y	ES, WIRE FI	NDINGS	USED DEATH?
IAI.	]	Wilc. 1st	1111		In om	a of la	rynx + Flary		S NO	1	ES C	N	10 🛮
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S PHY ling ph irr this c burial- d Men	MEDICAL	21d INJURY OCCUP		21s PLACE C		OFFICE, FARM, ETC.)	711 LOCATION		CITY OR TO	WN	COUNT		STATE
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ital ital of the m 2 m 2		saw the decea abave, (1) (we)	sed alive an_	+1h 8	the death	1980	and that in (my) (aur) ap	omian death	occurred on the o	late and ho	our and fran	n the caus	ses stated
Posped f		226 SIGNATURE	)	view ille budy	)		DEGREE				22c. 0	DATE SIG	NED
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TO H should with	22.	ROBERT			•	122. NAME OF	5550 BAL		LOCATION	AL FL	NE, 21	.220	
	(	SURIAL, CREMATION	, REMOVAL		0.0		CEMETERY OR CREMATO	ORY 1236	CITY OR TOWN	DE OT	COUNTY	MADE	STATE ZT A NID
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DHMH-16 25M	100	NAME		03.07	ADDRI		21227		D. BY REGISTRAR	ZOB. RESI	ARSSIC	Mel	ready
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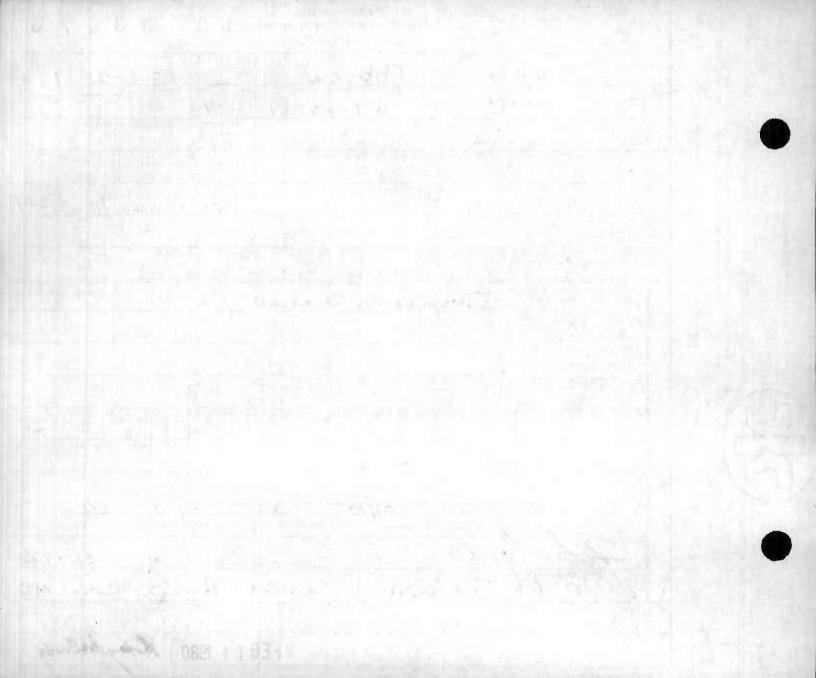
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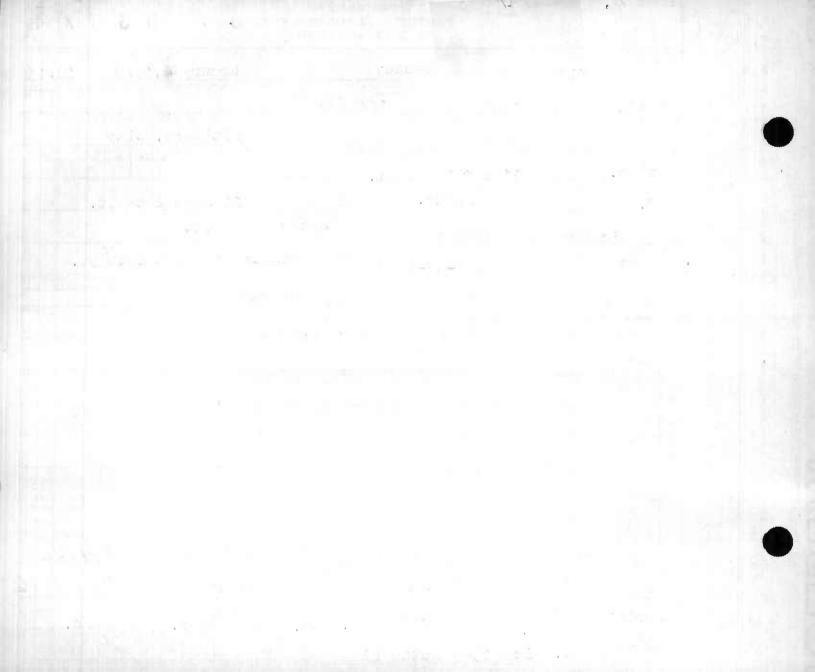
		STATE OF MARYLAND	
1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5 7 2
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	ECEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN KI MONTH	DAY YEAR 26. HOUR
11	(PE OR PRINT)  MAR	Y. Fannie COATES OF ESTI- DEATH MATED 2	14 1980
3. SE		5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 1 HOUR
	female black	ACC ACC ACC MONTHS DAYS HOURS MIN PROTOCOLOGED	14 19 80 DM
70.1	SIRTHPLACE (STATE OR	76. CITIZEN OF WHAT COUNTRY?  8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	
	oreign country) Marvland		AM
	ITY OR TOWN OF DEATH		OR INDUSTRY
	Baltimore	University Hospital Factory Work	OK INDUSTRI
	AL RESIDENCE (IF IN NURSING HOM	OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION)	
130.	Md	Baltimore YES X NO 4626 Manor Dean	Road
14. F	ATHER'S NAME	MIDDLE LAST FIRST MAIDEN NAME AND LE	LAST
1	Mervin		ornibb
	WAS DECEASED EVER IN U.S. A		
	No No		Baltimore
	18. CAUSE OF DEATH (Enter	anly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUS	Arteriosclerotic cardiovascular disease	BETWEEN ONSET AND DEATH
14	14212 IMMED	ATE CAUSE (a)	
100	Conditions, if any, which		
	gave rise to immedia cause (a) stating the unde		
	lying cause last.		
	PART 2 OTNER SIGNIFICANT CONDITIO	(C) IS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Z	Day 18		
<b>→</b> ₹	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
E S			YES NOX
CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	
	UNDERLYING OR CONTRIBUTING CAUSE O	HOUR A.M. MONTH DAY YEAR. F DEATH P.M., 19	
MEDICAL	214. INJURY OCCURRED	218. PLACE OF INJURY (AT MOME, 21f. LOCATION	
×	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.,) STREET CITY OR TOWN COU	NTY STATE
		rae of the remains described above, held an Autopsy . Inspection . Inquiry . and in my api	
			nion
	death resulted fram: No	tural causes XI, Accident II, Suicide II, Hamicide II Undetermined manner II.	
	ACTUAL	DATE (SPECIFY)	
	SIGNATURE T	M.D. Assistant MEDICAL EXAMINER SIGNED	2-15-80
2	EXAMINER'S NAME	rmez R. Guard, M.D. ADDRESS 111 Penn STreet	
-			
230.	BURIAL, CREMATION, REMOVAL	CITY OR TOWN COUN	
24	Burial FUNERAL DIRECTOR	2-19-80 Western Star Cem. Baltimore 120 DATE REC'D. BY REGISTRAR	laryland
	NAME	ADDRESS St. FFR 1 F 1000	a.R.
	Isaiah I. Bro	wm & Son PA 1913 W.Balto.	- Whiteless

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	1	FOR		DEPAR	TMENT OF HEA	ALTH AND MENTAL HY	GIENE 8	0	3 5	/
		STATE REGISTRAR CEASED NAME FIRS		WIDDLE		CATE OF DEATH		NO.	DAY YEAR	Tay tra
		OR PRINTI	VANITA	H .	0.1	URN	20. DATE OF DEATE		1080	2b HO
	3. SE	× Female	4. RACE	White	5 DATE OF	BIRTH DAY YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	
Source.	C	RTHPLACE (STATE OR FOREIGN OUNTRY) III.	76 CITIZEN O	e what country A	Y? 8 MARRIED WIDOWED	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF DEATH	
pairtie/2	100	altimore	11. NAME O (IF NOT IN S Sinai	F HOSPITAL, NURS OUCH FACILITY, GIVE STRE HOSPITAL	SING HOME OR	OTHER INSTITUTION	120 USUAL OCCUP (IVPE OF WORK FOR MO HOUSEWIF		LIFE) 126 KIND INDUSTRY	
ag sings	130 3	AL RESIDENCE (IF NURSING HOSTATE 13b	OME OR OTHER INSTITUTION	13c. CITY OR JO Baltim	WN 11	3d. Inside City Limits?	13. STREET ADDRES	PIONE	R. DR.	2,
Somine	14. FA	ATHER'S NAME Eugene	WIDOFE	Owsley	1:	Dalisy	AME MIDDL			AST
medical		VAS DECEASED EVER IN U.	S. ARMED FORCES' ES, GIVE WAR OR DATES)	? 16b SOCIAL SEC	CURITY NO. 1	7 INFORMANT	AD	DRESS	•	
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inc. then preuse removes in a series of the preuse remotion, and injury, or other traum	ATION		DUE TO, st. (c)	OR AS A CONSEO	DUENCE OF		MINAL DISEASE OR CO	20b. 1F Y	ES, WERE FIND	INGS US
ne prior to buriol, cri	CERTIFICATION	gove rise to immedio couse (o), stofing the underlying couse to PART 2 OTHER SIGNIFIC.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING.	ANT CONDITIONS  196 CON  198 CON  216. TIME	CONTRIBUTING TO	DUENCE OF  DEATH BUT NO		200 AUTOPSY?	20b. IF Y	ES, WERE FIND TIFYING CAUSE YES []	INGS US
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tental House perior to burial, cretter 18 shows any injury, or oth		gove rise to immedio couse (a), stating the underlying couse lo PART 2 OTHER SIGNIFIC.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXALT WORK NOT WHILE AT WORK NOT WHILE AT WORK 220.1 certify that (1) (this says the deceased oil	DUE TO, st.  (c) ANT CONDITIONS  19b CON  NG 21b. TIME OF DEATH MINER)  21e PLAC (AT HOME.  hospital) attended ye on	OF INJURY MONTH P.M. 2  E OF INJURY STREET, FACTORY, OFFICE	DUENCE OF  DEATH BUT NO  TH OPERATION  DAY YEAR  O 19 SO  E, FARM, ETC.)	WAS PERFORMED  THE HOW INJURY OCCU  THE LOCATION  STREET	200 AUTOPSY? YES NOTER NATURE OF II CITY OR	20b. IF Y IN CERT IN JURY IN ITEM 18	ES, WERE FIND TIFYING CAUSE YES 8, PART 1 OR PART 2) COUNTY	INGS US S OF DEA NO
then to use on the conditional periods proper property of Health and Mental Hygiene prior to buriol, critism 21 is morked or Item 18 shows any injury, or other property or other property.		gove rise to immedio couse (o), stofing fi underlying couse lo PART 2 OTHER SIGNIFIC.  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA.  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK  22a. I certify that (i) (this	ANT CONDITIONS  196 CON  196 CON  196 CON  216. TIME OF DEATH MINER)  21e PLAC (AT HOME.	OF INJURY MONTH P.M. 2  E OF INJURY STREET, FACTORY, OFFICE	DUENCE OF  DEATH BUT NO  TH OPERATION  DAY YEAR  (O) 19  E, FARM, ETC.)	WAS PERFORMED  THE HOW INJURY OCCU	200 AUTOPSY? YES NOP RRED (ENTER NATURE OF II  CITY OR  10 2  n deoth occurred on the	20b. 1F Y IN CERT IN CERT IN JURY IN ITEM 18	ES, WERE FIND TIFYING CAUSE YES   , PART 1 OR PART 2)  COUNTY  19  our ond from the	INGS US S OF DEA NO
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the control of the co	WEDICAL MEDICAL	gove rise to immedio couse (a), stating it underlying couse lo PART 2 OTHER SIGNIFIC.  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXALUSION COUNTRIBUTION	DUE TO.  ST.  (C)  ANT CONDITIONS.  19b CON  19b CON  19b CON  21b TIME HOUR  MINER)  21c PLAC  (AT HOME.  (TYPE OR PRINT)  OVAL 23b. DATE	CONTRIBUTING TO	DUENCE OF  DEATH BUT NO  TH OPERATION  DAY YEAR  O 19  E, FARM, ETC.)  O DE  C. NAME OF CEM	WAS PERFORMED  21c. HOW INJURY OCCU  21c. HO	200 AUTOPSY? YES NOR RRED (ENTER NATURE OF II  CITY OR  10 0 2  n deoth occurred on the	20b. IF Y. IN CERT	ES, WERE FIND TIFYING CAUSE YES   , PART 1 OR PART 2)  COUNTY  19  our ond from the	INGS USIS OF DEA



New		FOR STATE	0 2/21/80	00	TMENT OF	E OF MARYLAND BEALTH AND MENTAL HY	GIENE 8 0	0	3 5	7	4
(X)	1 DE	REGISTRAR CEASED NAME FIRST		MIDDLE		AST OF DEATH	REG. N		AY YEAR		
34		OR PRINT]			ockey		February			2h HO	UK
900	3. SE	Edit	4 RACE		5 DATE		6 AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	R IF UNDE	ER 24 HRS
t of	F	emale	Blac	1-	MONT	1/29/95 YEAR	85	YRS	AONTHS DAYS	HOURS	MIN.
5.0	7R B	RTHPLACE ISTATE OR FOREIGN OUNTRY)		WHAT COUNTRY	? 8.	D O NEVER MARRIED	1 BALTIMORE CITY C		OF DEATH		
8/9		arvland	USA	A	WIDOW	DIVORCED	Baltimo	re, C	ity		MD.
3	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	128 USUAL OCCUPAT		126. KIND		JESS OR
W		Balto.	11W	est 20	th St						
35	13a	AL RESIDENCE (# NURSING HOM STATE 136 CC	E OR OTHER INSTITUTION	Balto	DRE ADMISSION	134 INSIDE CITY LIMITS?	13 STREET ADDRESS	t 20t	h St.		
examine 0 Camine	14. F/	ATHER'S NAME FIRST  Richard	MIDDLE	Bennett		15. MOTHER'S MAIDEN NA Hester	Benne tt		t.	AST	
medical	lóa \	WAS DECEASED EVER IN U.S.				Rose Haze	lton 11 W		Oth S	t.	1
event, the	-	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one couse pe		and (c).1	ronary Ary	of		BETWEEN	XIMATE INT NONSET AN	ERVAL ID DEATH
njury, ar ather traumatic	N	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(b)_ DUE TO, C	OR AS A CONSEO METAS DR AS A CONSEO CONTRIBUTING TO	uence of	Carci nom		DITION GIVI	EN IN PART I	(o)	
grams and	CERTIFICATION	19a DATE OF OPERATION	196 COND	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY	, WERE FIND YING CAUSE	INGS USE S OF DEA	ATH?
9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A	OF INJURY L.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART I OR PART 2)		
/	MEDICAL	21d. INJURY OCCURRED  WHIJE NOT WHILE AT WORK	21st PLACE (AT HOME, S	E OF INJURY TREET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN .	COUNTY	D	STATE
s morked		22a I certify that (I) (this ha		he deceased from			to			, that (I)	
121		saw the deceased alive above, (1) (we) (did) (did	not) view the bod	y ofter death.	. 0	nd that in (my) (aur) apinian	death accurred on the d	ate and hour			
TANT: # hem		Canell .	M. S.	fra 1	M. 2.		MEDICAL STA	FF	22c. DAT	4/8	10
IMPORTANT		Darrell M	. Gray	, M. I	7.	2329 Arn	unh ove.	Balk	ME	15.	115
\$		BURIAL, CREMATION, REMOVE BURIAL	AL 236. DATE 2/8/	100 -	NAME OF COURT	Pk. Nat	234. LOCATION CITY OF TOWN	shear.	COUNTY	Md.	STATE
20M 7/78	24 F	Charles A.	Rice	ADDRESS		250 DA	B 7 1980	25k REPOSTI	RAR'S SIGN	TURE	iy .



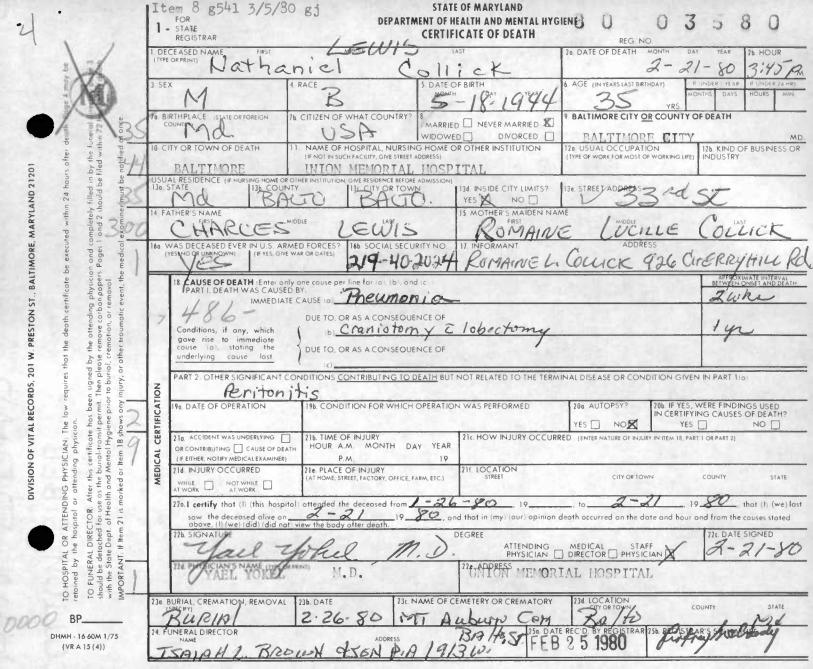
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	1,	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENES ()	3 5 7 7
	'	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
(A)2A		CEASED NAME FIRST CATLE	rine	Colbert	20 DATE OF DEATH MONTH	15/80 3:40 4
(C)	3 SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
2 Popular	-	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR CO	,
1 1 20	-	Md. USA	U.S.A.	WIDOWED DIVORCED	Balto. Co	-/-
10 10 10 10 10 10 10 10 10 10 10 10 10 1	100	Balto. City	South Balt	D. Gen. Hosp.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  Retired	12b KIND OF BUSINESS OR INDUSTRY
AND 212 And 10 out be	USU.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	or other institution, give residence befor INTY 130 CITY OR TOW SLOOP BALLY	VN 1134. INSIDE CITY LIMITS?	13e STREET ADDRESS	Larles St.
MARYLAND 2 tedthan 24 h ond 2 should b exceptions many		ATHER'S NAME Robert Collbert	MIODLE LAST	15 MOTHER'S MAIDEN N		LAST
	16a V	MAS DECEASED EVED IN ILS AD	rmed forces? 166 SOCIAL SECU VE WAR OR DO (185) - 220,722	JRITY NO. 17 INFORMANT	ADDRESS	ee below)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE ING PHYSICIAN: The low requires that the death certificate his interest from the death certificate has been signed by the ottending physician and os the buriol-transit permit. Then please remove carbon papers. Pages the and Mental Hygiene prior to buriol, cremation, or removal orked or them 18 shows any injury, or ather troumatic event, the medical	NO	Conditions, if any, which gove rise to immediate couse 101, stating the underlying couse lost	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)	ENCE OF ACUTE NEC.	th supering	AN CREATITIS  LE BRONCHOPHEUMERY
TAL RECO	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES NO NO
N OF VITA  SICIAN: TI ng physica certificate intol-transit ental Hygi		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2)
IVISION  UG PHYS  offer this of  s the bur  ond Me	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM_ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DR ATTENDIN hospital or JIRECTOR. Af ched for use o		saw the deceased alive on	ot) view the body after death.	DEGREE		hour and from the couses stated  22c. DATE SIGNED
PITAL (by the by the SERAL E Stote E Stote E		22d. PHYSICIAN'S NAME (TYPE OF	OR PRINT)	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	2/15/80
TO HOSPITAL retained by 1 TO FUNERAL should be det with the State		Janice	I. Masi	3001 8	Hanover	St. Balto.
201 BP	1	BURIAL, CREMATION, REMOVAL SPECIFYI B <b>urial</b>	2/21/80 23c.	West View Mem	23d. LOCATION CITY OR TOWN  Pk Baltimore,	COUNTY STATE Maryland
DHMH - 16 50M 1/76	24 F	UNERAL DIRECTOR	ne 5611 Parko Hei	25a. DA	TE REC'D. BY REGISTRAR 25b. RI	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH DECEASED NAME February 8, 1980 & AGE (IN YEARS LAST BIRTHDAY) **BALTIMORE CITY OR COUNTY OF DEATH** Baltimore Citu 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 3113 Pinewood Ave ADDRESS

Mrs Elizabeth M Constantino Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

> 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

COUNTY

DATE SIGNED

STATE

7h HOUR

HOURS

126 KIND OF BUSINESS OR

LAST

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY

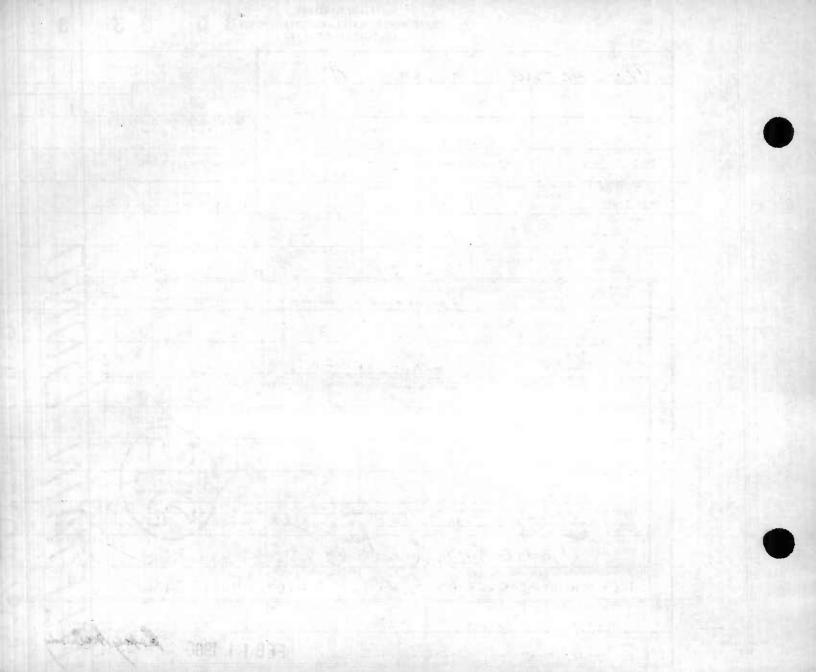
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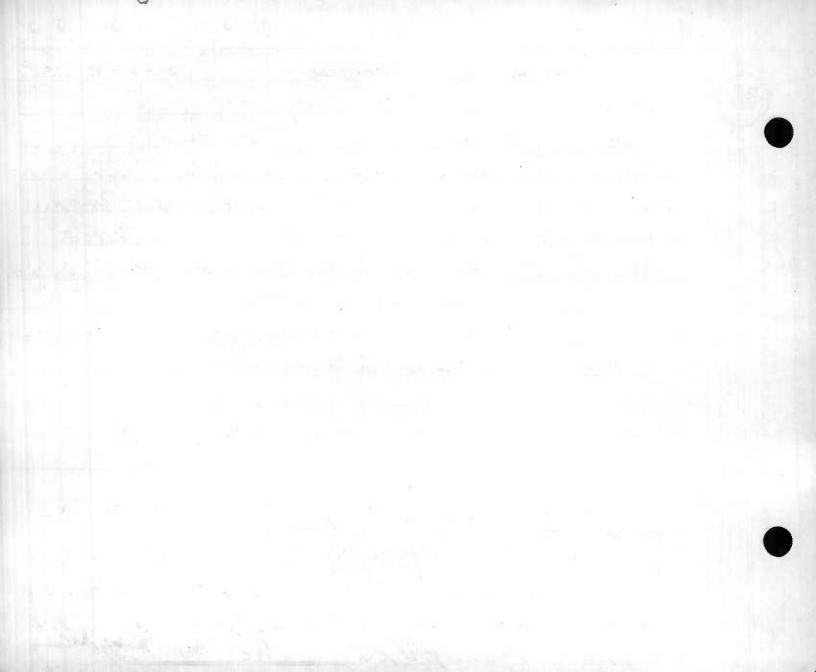
Leonard J Ruck Inc. Baltimore, Maruland

(VR A 15 (4))

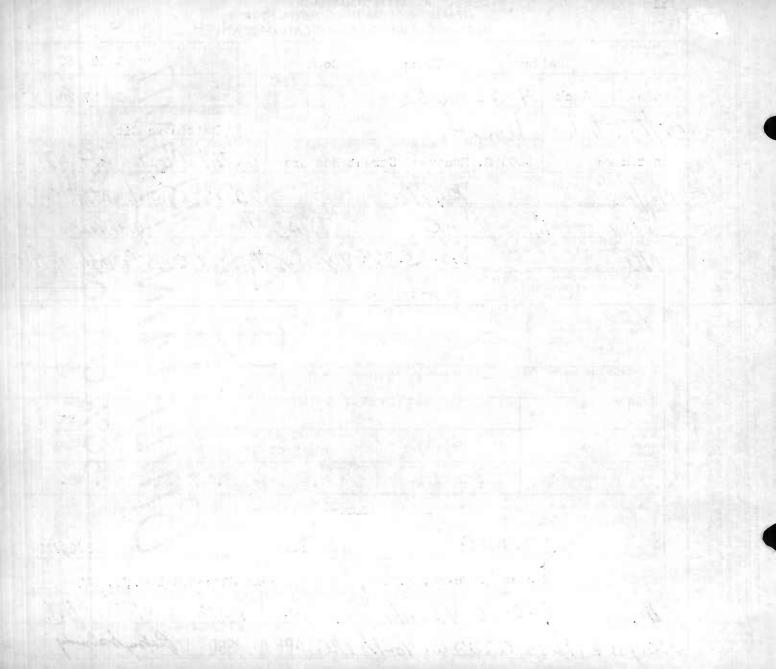
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24 FUNERAL DIRECTOR





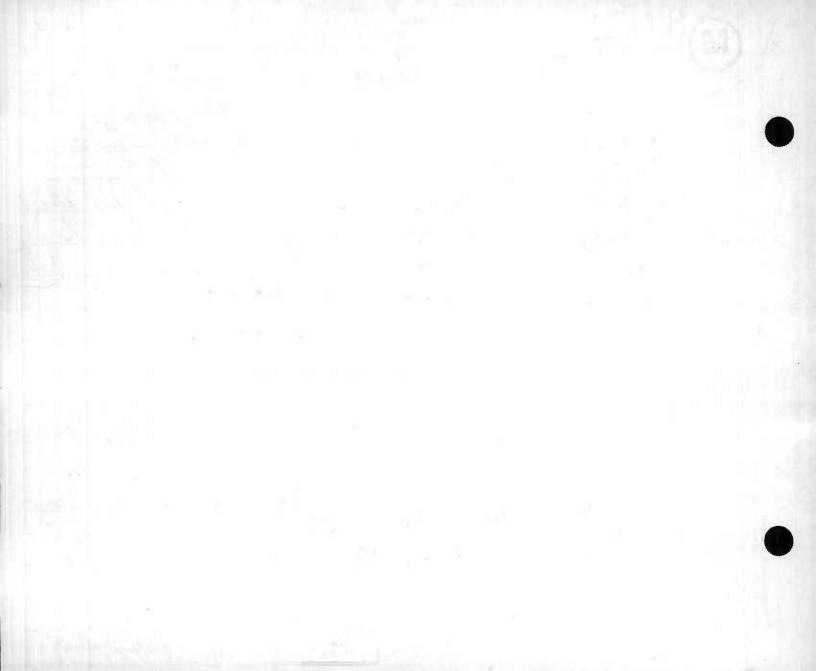
	CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN OF ESTI-	
LSE		lalter	Wallace	Cook  ARS   IF UNDER 1 YR.   IF UN	OF ESTI- DEATH MATED	xx 2 10 ₁₉ 80
	nale black	MONTH	DAY YEAR JAST BIRTHD	AY) MONTHS DAYS HOUR	DER 24 HRS. 2c. DATE PRONOUNCED DEAD	3 27,980
1/2	HTHPLAGE ISTA COL /	76. CITIZEN	OF WHAT COUNTRY?	8. MARRIED NEVER M	ARRIED 9. BALTIMORE CITY	OR COUNTY OF DEATH
21	9/10 . Inc.	Ui	S. H.		ORCED Baltimon	
	Baltimore	3001	OF HOSPITAL, NURSING HOME SUCH FACILITY, GIVE STREET ADDRESS!  S. Hanover S	e, or other institution treet/BoatAre	120 USUAL OCCUPATION A	YPE OF WORK I IN AND OF BUS
ISUA In. S	AL RESIDENCE   IF IN NURSING HO TATE / 13b. CO	ME OR OTHER INSTITUTO	TION, GIVE RESIDENCE BEFORE AUTHSS		STREET ADDRESS	all hall
14. F	ATHER'S NAME	A	1	IS MOTHER'S W	The state of the s	9001311 1700
	SON	AIDDLE	LOOK	Tha	be/	WALACE,
166. V	VAS DECEASED EVER IN U.S. ES. NO. OR UNKNOWN) (IF YES. (	ARMED FORCES GIVE WAR OR DATES)	2/3-05-3	240 ms. D	othy Cook 20	55 Braddish
	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU	r anly ane cause p	per line for (a), (b), and (c).)			APPROXIMATE BETWEFN ONSET
		DIATE CAUSE (a).		Ar.		
7	Canditians, if any, wh	nich	O, OR AS A CONSEQUENCE	OF		
	gave rise to immedi couse (a) stating the <u>unc</u>		O, OR AS A CONSEQUENCE	OF		
	lying cause last.	(c)				
z	PART 2 OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO	OEATH BUT NOT RELATED TO THE TERM	NINAL OISEASE OR CONDITION GIVEN	N PART 1 (d).	
ATION	PART 2 OTHER SIGNIFICANT CONDITI		OEATH BUT NOT RELATED TO THE TERM		N PART 1 (a).	20. AUTOPSY?
THEATION	19s DATE OF OPERATION	19b. C	ONDITION FOR WHICH OPER	NATION WAS PERFORMED?		YES XX
L CERTIFICATION	196 DATE OF OPERATION  216, EXTERNAL CAUSE WAS	19b. C		RATION WAS PERFORMED?	IRRED (ENTER NATURE OF INJURY IN ITEM	YES XX
	19s DATE OF OPERATION	21b. TI HOU	ME OF INJURY R A.M. MONTH DAY YEAR P.M. 2	RATION WAS PERFORMED?		YES XX
MEDICAL CERTIFICATION	116. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	196. C 216. TI HOU OF DEATH	ONDITION FOR WHICH OPER ME OF INJURY R A.M. MONTH DAYO YEA	216. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM	YES XX
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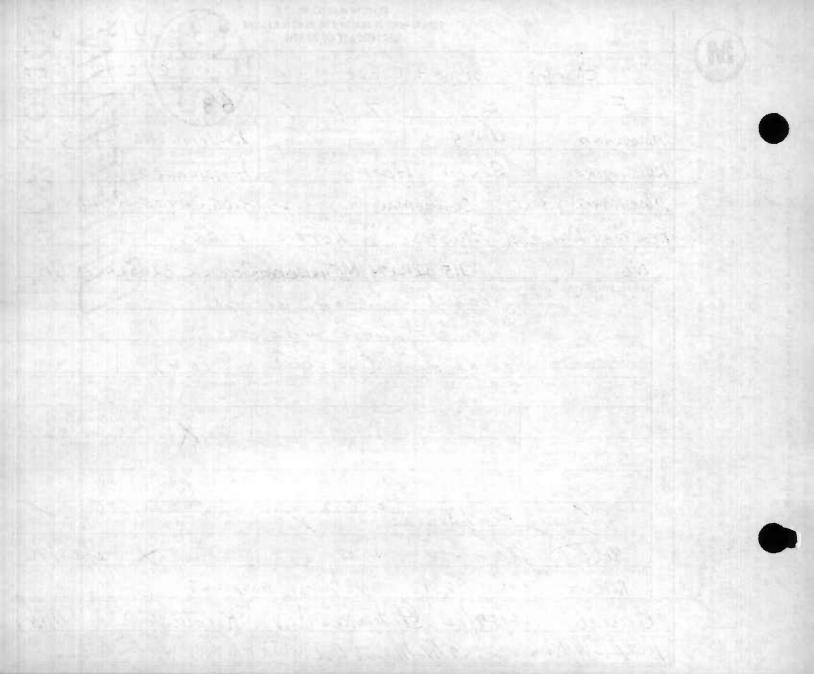


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTI W. Sr. CHARLES COOPER 3 SEX 4 RACE 5 DATE OF BIRTH AGE/IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS Jan 23 HOURS 1935 YEAR MONTHS DAYS Male White R BIRTHPLACE ISTATE OR FOREIGN COUNTRY Md. TE CITIZEN OF WHAT COUNTRY? seperateu BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED U.S.A. DIVORCED WIDOWED BALTIMORE IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Balto. JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 11 131. GAY OR LOWN Barto. 134. INSIDE CITY LIMITS? 13a STREET ADDRESS Md. NO A 3819 E. Apt T-3 YES T Joppa Rd. 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST MIDDLE Wofley Joseph Cooper Carrie In WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT Joppa Rd. (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Apt. Chas. W. Cooper Jr. unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY nenatio IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which -nan gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION shows 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV NOF YES [ 20 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM T8, PART T OR PART 2) HOUR A.M. MONTH DAY YEAR Mental OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21ª PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK Feb. 220 L certify that (I) (this haspital) attended the deceased from. 80 sow the deceased alive on and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 221 DATE SIGNED ×15 ATTENDING PHYSICIAN DIRECTOR | PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS ld be MPORT 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN COUNTY STATE Oak Lawn Burial 2/28/80 Balto Md Schimunek Funeral 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE 3031 Brehms Lane **DHMH-16 25M** (VRA 15, 4) 1/79 Home. Inc. Balto. Md.

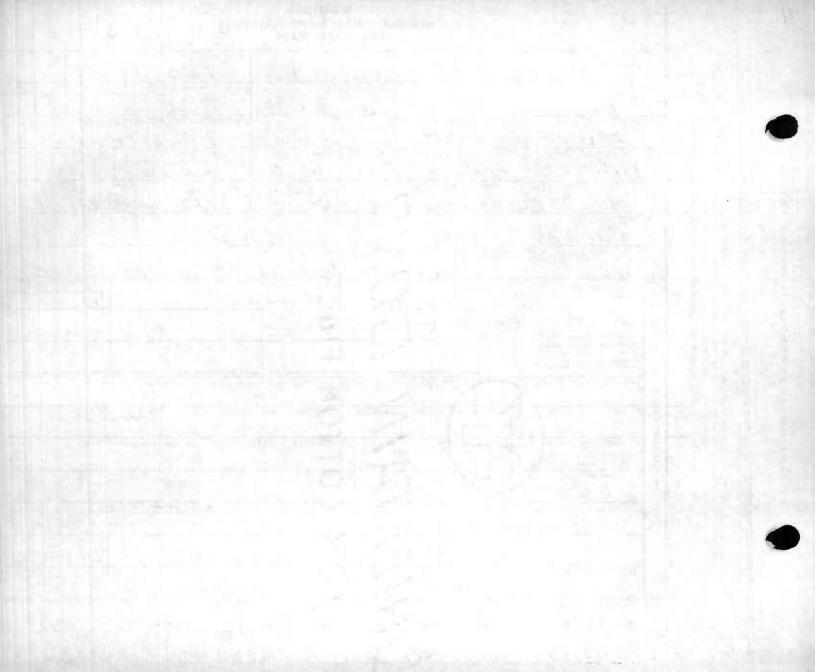
(VRA 15, 4) 7/7B

STATE OF MARYLAND





1/				STATE OF MARYLAND				
1	11	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	SIENE 8 0 0	3 5 8 8		
	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 0 0		
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR		
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acy b	3. SE	X	1. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.		
to to the state of		F	W	MONTH DAY YEAR	80 YRS	MONTHS DAYS HOURS MIN		
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the state of the s		OUNTRY) M	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAITI	MARK		
da fun	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BUSINESS OR		
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ecuted of complete	160	WAS DECEASED EVER IN U.S. AI		URITY NO. 17 INFORMANT	ADDRESS			
MOR and Page		YES, NO OR UNKNOWN] (IF YES, GI	E WAR OR DATES	2-112 TAGE OF	-DOW (NEON	- ) 00.00		
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gan gan	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GI	IVEN IN PART 1(0)		
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SICIA certif certif ricol-t frem	18	(IF EITHER, NOTIFY MEDICAL EXAMINER		19				
ISION OF VI	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM FTC ) STREET	CITY OR TOWN	COUNTY STATE		
DIVISION PHE or other things as as the fight and marked to	12	AT WORK AT WORK			2			
To a sign	10	22a. I certify that (I) (this hasp	ital) attended the deceased from	10-3- 197	10 X-14-	, 19.50 , that (I) (we) last		
R ATTEN haspiral red for use pp. of He	103	sow the deceased alive or	12-14-19	50, and that in (my) (our) opinion	death occurred on the date and ha	our and from the causes stated		
t. OR ATTEN the haspiral to DIRECTOR: tocked for us to be Dept. of He		226. SIGNATURE	A View the body difer death.	DEGREE		22c. DATE SIGNED		
the Dornard Till D		1/27/11/	(Comt)	ATTENDING A	MEDICAL STAFF	7-15-80		
PITA by by Store de		288. PHYSICIAN'S NAME THE	OR PRINT)	122e ADDRESS	J DIRECTOR LI PHISICIAN LI	0 00		
O HOSPITAL TO FUNERAL should be det with the Store	100	Billi	Salon	20001)	DAR QUED	21727		
TO HOSPITAL OR AT retained by the hosp to Floring the hosp should be detected it with the Store Dept. of IMPORTANT: if them 2	22-	BUDDAL CREATE STATE OF THE PROPERTY OF THE PRO	Jan pire	NAME OF STATES	IN IOCATION			
11708		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE		
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DHMH-16 60M 1/73	24. F	UNERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 25h REGIS	IRAR'S SIGNATURE		
(VR A 15 (4))	1	CONVELLY	300 MACI	F AVE FF	B 2 0 1980   Min	Fry McCheroly		



	1	STATE OF MARYLAND
	1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS U 3 3 6 9
	1	REGISTRAR CERTIFICATE OF DEATH REG. NO.
		CEASED NAME FRST A MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
th 3	(TYP	E OR PRINT) Adele Corley 2 28 80 815 AM
yom	3. SE	
4 9 E	3. 30	MONTH DAY YEAR MONTHS DAYS HOURS MIN
00	-	F W 5 7 05 /9 YRS
a The state of		INTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
deat 1		MENNA USA WIDOWED DIVORCED BUTTONE CITY MD.
offer of the state	10 C	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  INDUSTRY
10 0 13 13/	1	Baltimore City Hospital NURSING -
212	USU 130	IAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
24 ND	130	STATE  MO. BALTO  BOSEX  13d INSIDE CITY LIMITS?  13e STREET ADDRESS  YES NO  3126  LIBERTY PKWY
thin thin sh	14. F.	ATHER'S NAME 15 MOTHER'S MAIDEN NAME
MARYLI ted within ond 2 sh		GRIFFITH LLOYD BLANCH PENDELTON
RE, M.	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours or spicion and campletely little in the opers. Pages 1 and 2 should be wal. it, the medical examiner must be		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
ITIIN be	-	NO - 213-20-4319 LOIS ROBINSON ABOVE
T., BAL tificate physici nnpaper maval.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)  PART I, DEATH WAS CAUSED BY
ertific banp remo		IMMEDIATE CAUSE 10) Respiratory facture
No 4 proper		4289 DUE TO, OR AS A CONSEQUENCE OF
PRESTO		Conditions, if ony, which (b) COPD
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF
by by oth		couse (a), stating the underlying couse lost DUE TO. OR AS A CONSEQUENCE OF Heart failure
gned the place of		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
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DIVISION OF VITAL RECORDS, 201 W NG PHYSICIAN: The law requires that catending physician. os the burial-transit permit. Then please th and Mental Hygiene prior to burial, crit	CERTIFICATION	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
TALRE TALRE The lo scron. The los signere progreme progre	Ĭ	IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
ON OF VITAL RI HYSICIAN: The le ding physicion. Is certificate has burial-transit per Mental Hygiene Ar Item 18 shaws	1 8	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
SION OF VITA PHYSICIAN: TI PHYSICIAN: TI this defined physician A Mental Hygi d or Item 18 sh		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
ON OF HYSICIA ding pl is certif burial-t Mental-t	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)         P.M.         19           21d INJURY OCCURRED         21e PLACE OF INJURY         21f LOCATION
VISIC S PH of the	ME	WHILE NOT WHILE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DIVISION DING PHY or attenda After this e as the bu alth and M marked or		AT WORK
		22a.l certify that (I) (this haspital) attended the deceased from
ATTE Sspirit CCT d for m 21		Obote, (i) the flator told half view the body offer death:
A1 OR ATTEN y the hospital A21 DIRECTOR detached for un ore Dept. of He Ut. If Hem 21 is	1	DEGREE  DEGREE  220. DATE SIGNED  220. DATE SIGNED
ral y th		PHYSICIAN DIRECTOR PHYSICIAN
SPI d b d b l be se Si		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
TO HOSPITAL of retained by the Control of Should be detail with the State D. MADORTANT: If		RICHEN-LAN BALFIMORE City Hospital
0 to 0 to 1	23a	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE
471/ BP		BURIAL 3/1/80 OAK LAWN BALTO. MO.
DHMH - 16 60M 1/75	24 F	UNERAL DIRECTOR 12 MIN PATE REC'D. BY REGISTRAR 1250, REGISTRAR S. SIGNATURE
(VR A 15 (4))		CONNELLY FIH. 300 MACE AUS MAKE SUSTAINED STREET

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	9	1 SE	Male	white.	S DATE OF BIRTH  NOW 1 DAY 1903		IF UNDER 1 YEAR IF UNDER 24 HRS		
	Harry	7a B	RTHPLACE ISTATE OF FOREIGN 75	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIORCED	BALT IMORE	OF DEATH CITY		
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	requires that the death certification of the control of the certification of the certification of terminal of the certification of terminal of the certification of the certifica	N	Conditions, if any, which gave me to immediate cause at storing the underlying cause last	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE TOTAL TO	retu adinax	SYLINUMA LINAL DISEASE OR CONDITION GIVE	Anunus Anunus		
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	DING PH Handing P After this i the burn in and Me marked o	MEDIC	214 INJURY OCCURRED  WHAT NOT WHAT AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE		
	ospical or a ospical or a 1RECTOR: ed for use a spi. of Heal them 21 is		118.1 certify that (I) (this hospital use the deceased alive an above, (I) (we) (did) (did not) v 221. SIGNATURE	3/07 10	, and that in (my) (our) opinion DEGREE	death occurred on the date and hour	ond from the couses stated		
	HOSPITAL Of FUNERALD UNIDER OF STATE OF PORTANT II	1	174 PHYSICIAN'S MANNE HIM COM	SEING	ATTENDING PHYSICIAN [	Brandway	1 2/26/60		
	DE OTHER PROPERTY OF THE PROPE	230.	BURIAL, CREMATION, REMOVAL SPECIFYI FOMATION		HAME OF CEMETERY OR CREMATORY	224 LOCATION LIVE OR TOWN WOOD	Pur C. syml.		
	DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNEBIAL DIRECTOR  WAME  TAYOR 1	Sous ANNA	polis, PH. B. ON	E MCO BY RECUSTRAR 236. REGIST	RAR'S SYGNATURES dy		

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Witzke FuneralHome of Catonsville, P.A. 21228

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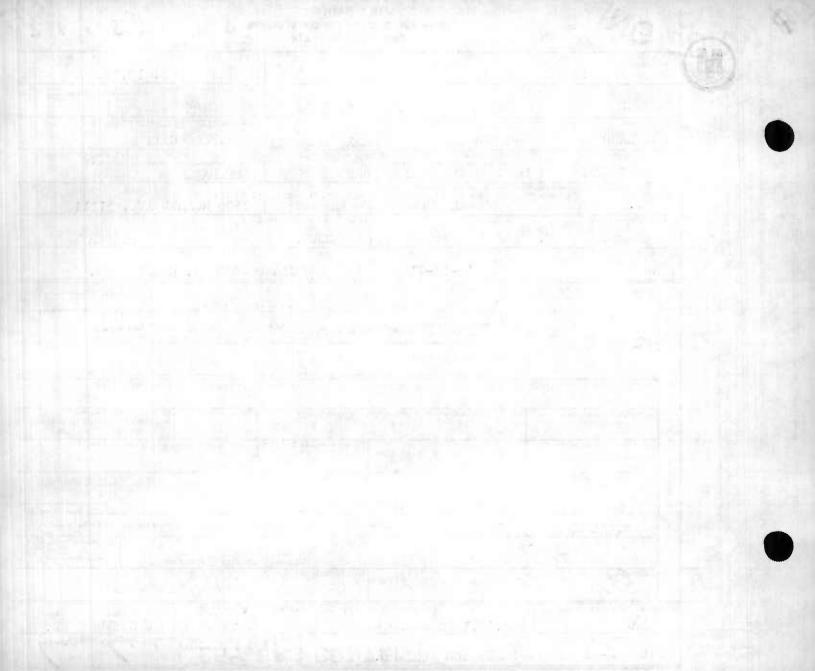
MITCHELL-WIEDEFELD HOME 6500 YORK RD.

DHMH-16 25M

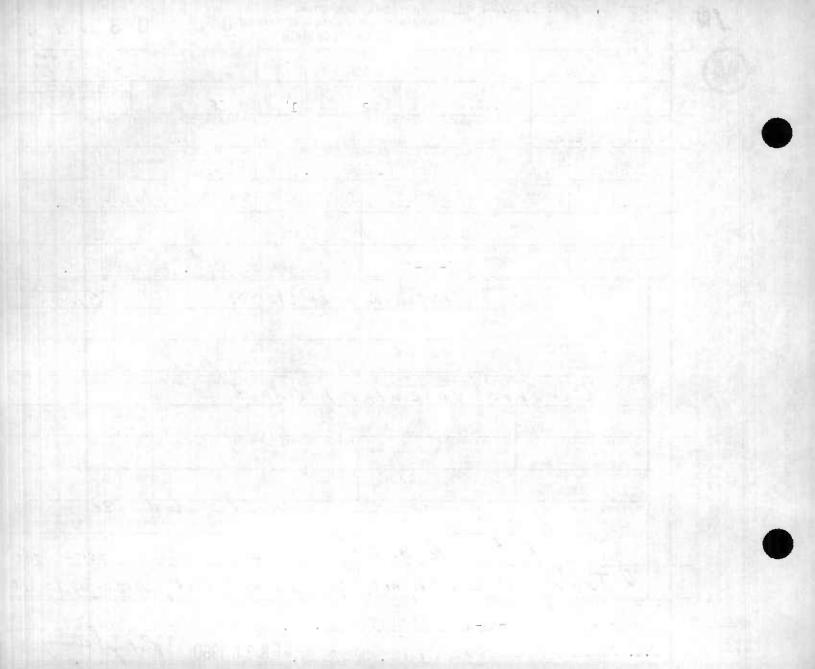
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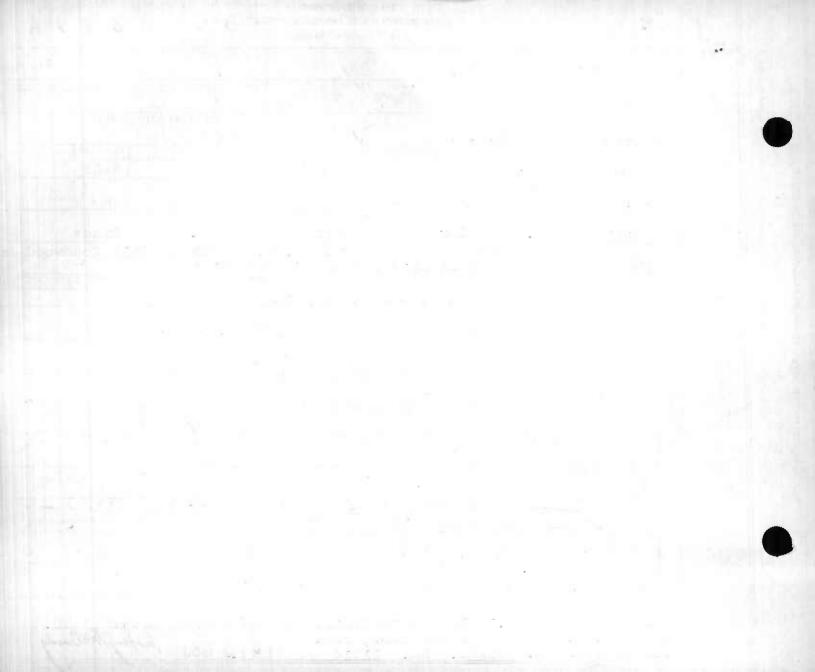
- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST DECEASED NAME FIRST 2R DATE OF DEATH MONTH 26 HOUR 12,1980 FEB. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOMEMAKER 13R STREET ADDRESS 3939 ROLAND AVE. 21211 MIDDLE LAST DISSWAY ADDRESS 4000 N. CHARLES ST. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) apinian death accurred an the date and havr and Iram the causes stated 221 DATE SIGNED MEDICAL STAFF PHYSICIAN POIRECTOR PHYSICIAN 23d. LOCATION STATE COUNTY CITY OR TOWN BURIAL FEB.15.1980 DRUID RIDGE BALTIMORE MD. 24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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(D.B)	1 0	PE OR PRINT)	FIRST	WIDDLE		LAST		20. DATE OF DEATH	MONTH DAY		HOUR
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MORE execute on ond c	160	WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FYES, GIVE WAR	ORDATES	SOCIAL SECURITY 5-05-7793			addr er 302 N.	ESS	ry Ave.	
es that the death certificate be the other common physical please remove, corban papers untal, cremoval.		Conditions, if any, w gove rise to immed couse (a), stoting	chich diote the lost	DUE TO, OR AS  DUE TO, OR AS  DUE TO, OR AS	ACONSEQUENCE	OF OF		SA SINAL DISEASE OR COM	adition given	APPROXIMA BETWEEN ONS  WIN PART 1(0)	
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DHMH - 16 50M 1/76 (VR A 15 (4))		E. L. PHILLIP	S FUNE	RAL HOME	ADDRESS 1721 N	MONROE	ST.FEB	e rec'd. by registrate 2 5 1980	firting	ysielre	dy





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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) r055 12 1980 rebruary 3. SEX RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS 5. DATE OF BIRTH MONTH YEAR DAYS W 04 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** COUNTRY) USA MARRIED NEVER MARRIED DIVORCED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPEOE WORK FOR MOST OF WORKING LIFE) INDUSTRY Ketirea USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134 COUNTY
Baltimore
Baltimore 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 Henry MIDDLE FIRST Maul Anna PRESTON ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT LYES. NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY acute myocardial IMMEDIATE CAUSE (0)_ DUE TO OR AS A CONSEQUENCE OF hoor Conditions, if any, which bronic obstructive gove rise to immediate couse tot, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ ental Hygi 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Ó ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 MEDIC 211 LOCATION Ž 21d. INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 2/12 20 22a. | certify that (1) (this hospital) attended the deceased from_ 19 80 112 80 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on obove, (1) (we) (did) (did not) view the body ofter death. detached 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 2/12/80 FUNERAL PHYSICIAN DIRECTOR PHYSICIAN ORTANT 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ld b 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial Meyersdale, Somerset, Pa. White Oaks Cty. BP 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) Harvey H. Zeigler, Hyndman, Pa. 15545

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 😭

CERTIFICATE OF DEATH

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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COUNTY 80 80. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN CITY OR TOWN Feb.20.1980 OakLawn Cemetery Baltimore Burial 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR DHMH - 16 60M 1/75 (VRA 15(4)) Lilly & Zeiler Inc. 700 S. Conkling St.

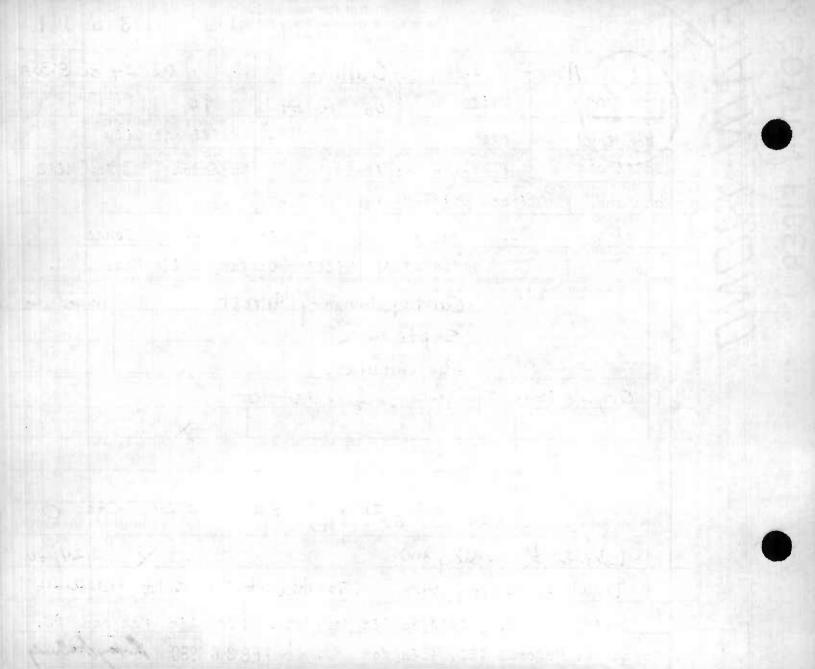
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME MIDDLE 20 DATE OF DEATH 2b HOUR (TYPE OR PRINT) Albert 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER 1 YEAR White BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City USA Maruland WIDOWED DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR Operator Saw Mill Baltimore Lutheran Hospital USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. CUNTY 1137. CITY OR TOWN Baltimore 13e STREET ADDRESS laryland White Marsh none 15. MOTHER'S MAIDEN NAME Jones Mattie Cullum Albert 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) William Cullum, White Marsh, Md. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., monary wheel IMMEDIATE CAUSE AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the AS A CONSEQUENCE OF underlying CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF and Mental Hygi 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) orked or Item 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 220.1 certify that (1) Ithis haspital) attended the deceased fram saw the deceased alive an abave (1) (we) (did) (did not) view the body after death. 80 , and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated TO FUNERAL DIRECT should be detached from with the State Dept. o 771 SIGNATURE DEGREE 22c. DATE SIGNED STAFF ATTENDING MEDICAL MPORTANT DIRECTOR 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23e. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE Harford Feb. 26. 1980 BelAir Mem. Gardens Bel Air Burial 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 Howard K. McComas III, Abingdon, Md. (VR A 15 (4))



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n. DATE OF DEATH DECEASED NAME 26 HOUR TYPE OR PRINTS Curtis Curlee 7-20-80 E. 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR Male White March 1901918 EAR DAYS HOURS 61 70 BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED North Carolina USA Baltimore City WIDOWED DIVORCED T 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore 1708 Light INDUSTRY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136. STATE 135. COUNTY 136_CITY OR TOWN 13°15'08 Light St. 21231 Baltimore 13d INSIDE CITY LIMITS? YES THE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME Curlee Sr. Ollie Cartin James 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) 1 (IF YES, GIVE WAR OR DATES) 246-03-81 50 Mr. Earl E. Curlee 13218 Eastern Ave. 21220 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/15 CERTIFICATION 0 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES [ NO [ Mental Hygie 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE 22a.1 certify that (1) (the hospital) attended the deceased from and that in (my) (aur) opinion death accurred on the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED horso MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b Shoul with 1 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL Burial Marshville City Marshville Union NorthCaroli BP FFB 2 6 1980 24 FUNERAL DIRECTOR Balto. Mdess 21222 DHMH - 16 50M 1/76 (VR A 15 (4))

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S DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.					

	- STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	0 0 0	0 0
	1 DECEASED NAME FIRST Luigi	(Louis)	D'Ada	ašt Z <i>mo</i>	February 26	1980 YEAR	26 HOUR
	3 SEX Male	1 RACE White	5. DATE C		6 AGE (IN YEARS LAST BIRTHDA		
7	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Staly	76. CITIZEN OF WHAT	COUNTRY? 8 MARRIE WIDOWE	NEVER MARRIED   DIVORCED	Balto. (it	COUNTY OF DEATH	MD.
)	Baltimore	24 N. Mont	ford live.	DR OTHER INSTITUTION	120 USUAL OCCUPATION (1792 OF WORK FOR MOST OF W  EMENT MASO		OF BUSINESS OR
2	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COUI	NTY 130C	SIDENCE SEFORE ADMISSION) ITY OR TOWN  LUO.	13d INSIDE CITY LIMITS?	13° STREET ADDRESS 18° 34 N. Mon	utford Ave.	
0	14 FATHER'S NAME Phillip	MIDDLE D	Adamo	Elizabeth	MIDDLE		AST
	160 WAS DECEASED EVER IN U.S. AR (YES) 100 OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	2-01-5391	Assunta D'A	damo 24 N. M		e.
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	CONSEQUENCE OF		TNS uffle (67)	NCZ	
	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING		FOR WHICH OPERATIO		YES NO	Ob. IF YES, WERE FINDS N CERTIFYING CAUSE YES	S OF DEATH?
	00 00 100 100 100 100 100 100 100 100	ATH HOUR A.M. A	JRY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	FITEM 18, PART 1 OR PART 2)	
	OKCONTRIBUTING CAUSE OF DE CAU	21e. PLACE OF INJ (AT HOME, STREET, FAC	URY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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	230. BURIAL, CREMATION, REMOVAL (SPECIFY)	3-1-80	Holy Re	emetery or crematory deemer	23d. LOCATION CITY OR TOWN Balto.	COUNTY	STATE

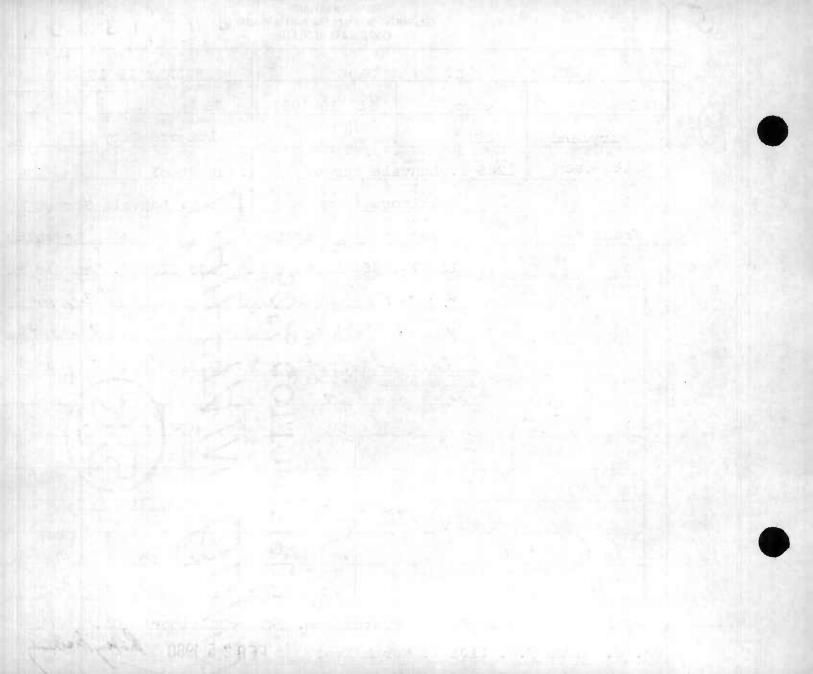
DHMH - 16 50M 1/76 (VR A 15 (4))

Weber & Sons Inc. 409°F. Chester St.

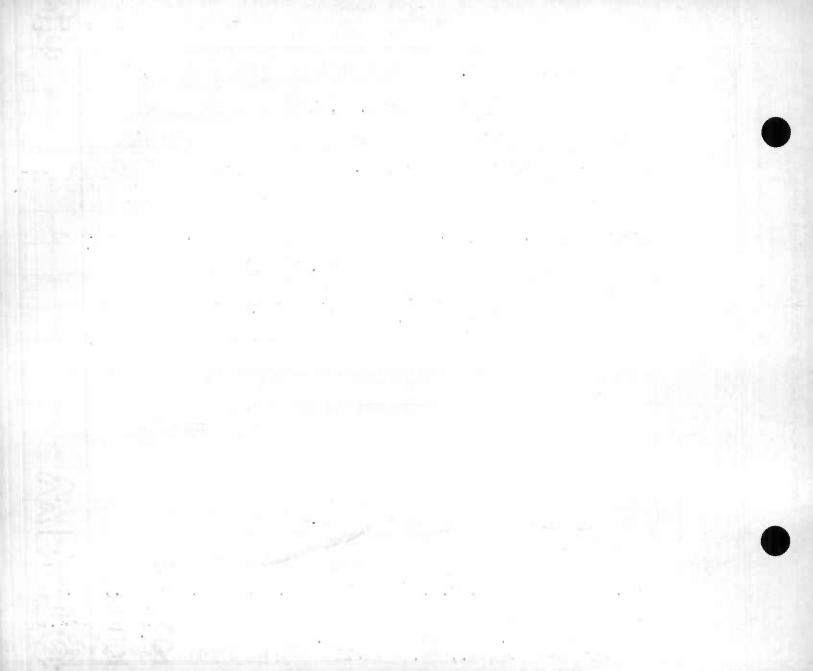
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h c		CEASED NAME FIRST	MIDE	DLE	LA	ST	2a. DAT	E OF DEATH	MONTH DA	YEAR	2b. HOUR
9 B9		HENRY	I		DA	Œ		FEBRUA	RY 19	1980	M
DE 00 1	3 SI	X	4 RACE		5. DATE O	BIRTH DAY YEAR		(IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
1	M	ale	Negro		11	10 1903	3	76	YRS.	NINS DATS	HOURS MIN.
	7a. 6	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WH	AT COUNTRY?	8 MARRIED WIDOWEI	NEVER MARRIED	U   D-	MORE CITY O			MD
of the local state of the lead will		Baltimorem		CILITY, GIVE STREET	IG HOME O	OTHER INSTITUTION	12a. USU (TYPE OF	JALOCCUPATK WORK FOR MOST OF h Stee	WORKING LIFE)	126 KIND OI INDUSTRY	F BUSINESS OR
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours rattending physician.  After this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove cochampopers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, ar removal.  arked or Item 18 shows any injury, or other traumatic event, the medical examiner must be an arked or Item 18 shows any injury, or other traumatic event, the medical examiner must be an arked or Item 18 shows any injury, or other traumatic event, the medical examiner must be an arked or Item 18 shows any injury, or other traumatic event, the medical examiner must be an arked or Item 18 shows any injury, or other traumatic event, the medical examiner must be an arked or Item 18 shows any injury, or other traumatic event, the medical examiner must be an arked or Item 18 shows any injury, or other traumatic event, the medical examiner must be an arked or Item 18 shows any injury.	USU 130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIV		ADMISSION)	134 INSIDE CITY LIMIT	S?   13e STR	EET ADDRESS		le Sti	reet
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DHMH - 16 50M 1/76	24. F	UNERAL DIRECTOR	-1-1-20	ADDRESS		250	DATE REC'D.	BY REGISTRAR		P'S SIGNATI	105
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Page 4 ma rector, pa	3 SE	Female	4 RACE White	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)  YRS.	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
funeral dir.	7a. B	IRTHPLACE ISTATE OR FOREIGN OUNTRY Pennsylvania	76 CITIZEN OF WHAT COUN U.S.A.	MARRIED NEVER MARRIED WIDOWED MONORCED	Baltimore City or County Baltimore (it	
urs after by the set with	10 C	Baltimore	11. NAME OF HOSPITAL, NU	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	12h, KIND OF BUSINESS OR
ND 212 in 24 ho in 24 ho ild be fill line mu	USU 13e	AL RESIDENCE IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE NTY 13 CITY OR Backo	BEFORE ADMISSION) TOWN 136 INSIDE CITY LIMITS? YE KE NO	13e. STREET ADDRESS 3245 Dudley	Avenue-21213
cuted with	14. F.	ATHER'S NAME FIRS Samuel Mas	MDOLE LAST	15. MOTHER'S MAIDEN NA	herine Sedwig	EAST
te be execu		WAS DECEASED EVER IN U.S. AR YES, NO OF YNKNOWN (IF YES, GIVE	MED FORCES? 16 SOCIAL 162-16	SECURITY NO. 17 INFORMANT	avidson-8567 Wate	er Oak Rd21234
TAL RECORDS, 201 W. PRESTON ST., BAAN: The law requires that the death certifican.  The permit is permit in permit. Then please remove carbon paper yield prior to burial, cremation, or remove 18 shows any injury, or other traumatic events.	CERTIFICATION	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause last.	DBY.  DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)  DUE TO, OR AS A CONS  (c)  CONDITIONS CONTRIBUTING	SEQUENCE OF ACTUAL SEQUENCE OF ACTUAL SEQUENCE OF ACTUAL SECULOR SECUL	200 AUTOPSY? 206. IF YES	RETWEEN ONSET AND DEATH  VEN IN PART 1(0)  S, WERE FINDINGS USED FYING CAUSSIOP DEATH?  S I NO I
DIVISION OF VITAL RECORDS, DING PHYSICIAN: The law recutending physician. After this certificate has been sits as the burial-transit permit. Then the and Mental Hygiene prior to the marked or I tem 18 shows any in	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING RUSE OF DEA (# EITHER, NOTBY MEDICAL EXAMINER) 216. INJURY OCCURRED  WHILE MOT WHILE		DAY YEAR 19 21f. LOCATION	RED JENTER NATURE OF INJURY IN ITEM 18, F	COUNTY STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or atten TO FUNERAL DIRECTOR: Aft with the State Dept. of Health an IMPORTANT: If Item 21 is mar		22a. I certify that (I) (this hospin saw the decreased alive an	i) view the body offer death.	DEGREE	death occurred on the date and house MEDICAL STAFF DIRECTOR PHYSICIAN D	1980, that (1) (wf) last or and from the causes stated  226. DATE SIGNED  FILL 181960
Ta Tas a	23a	BURIAL, CREMATION, REMOVAL		23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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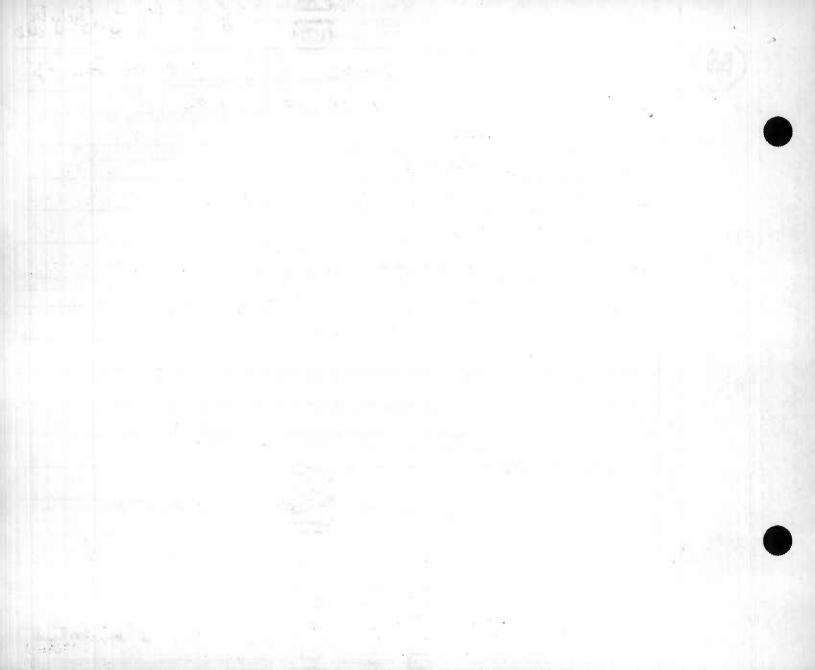
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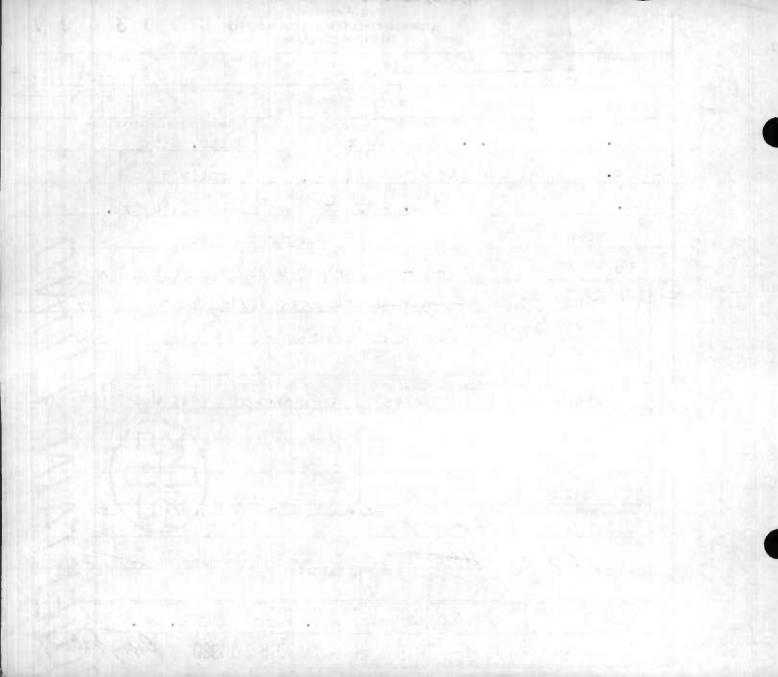
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

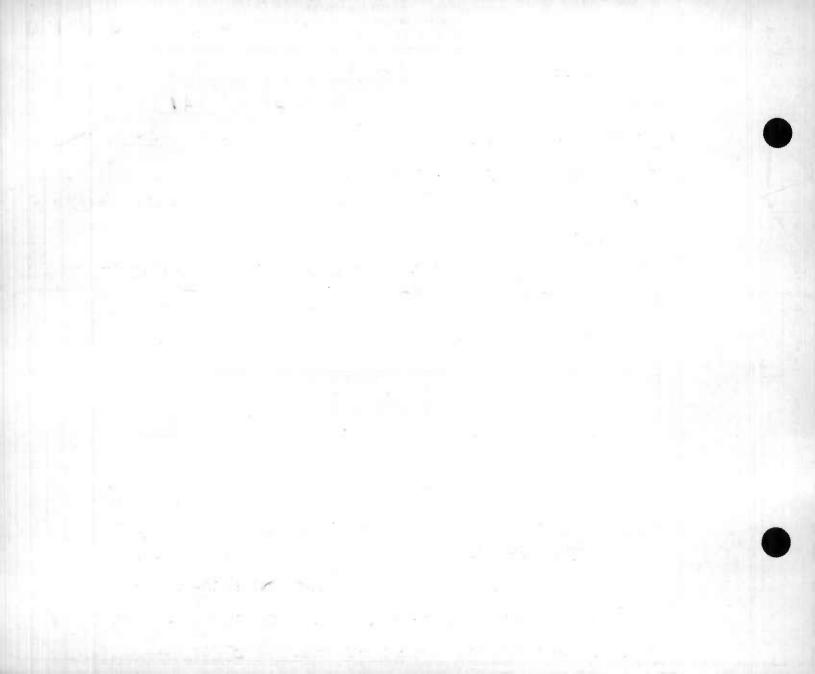
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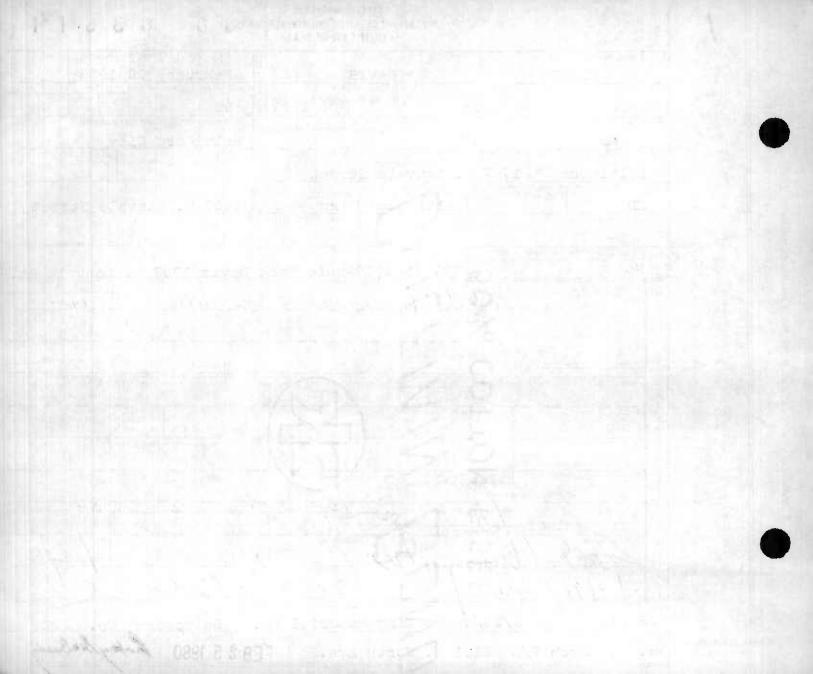




FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 1. DECEASED NAME FIRST LAST 2s. DATE OF DEATH MONTH DAY YEAR 26. HOUR (TYPE OR PRINT) JOSEPH DAVIS 80 0 3 SEX 4 RACE IF UNDER 24 HRS 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR MONTHS BLACK 1938 70. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED COUNTRY BALTIMORE North Carolina DIVORCED CIT WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DISABLED USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS AVE ZIZIS BALTIMORE 2724 DAKLEY 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 20 FIRST MIDDLE LAST FIRST MIDDLE **LAST** Lola Leevaster Davis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Minnie Davis 2724 Oakley Avenue No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IE CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY INFARCT DAYS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate iol, stoting DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P M 214 INJURY OCCURRED 21f LOCATION ò 21e PLACE OF INJURY STREET CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE -27 2 - 2 220 I certify that (I) (this hospital) attended the deceased from 10 80 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL old be deto the Stote PHYSICIAN [ DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS HOSPITAL OF BALTIMORE £ 5 % 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Arbutus Maryland STATE (SPECIFY) 2/8/1980 Arbutus Mem. Park Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE DHMH-16 20M (VRA 15, 4) 7/78 Wm. C. March F/H 1101 East North Ave IQQN



		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE S REG. NO.	3 6 1 1
	1,	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	OAY YEAR 26 HOUR
g# 3 eath 3	X	JOSEPH		DAVIS	February 20	1980
6 80	3	SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1/1/2		Male	Negro	5 26 1897	82 YRS	MONTHS DAYS HOURS MIN
2 437 11	70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1	9 BALTIMORE CITY OR COUNT	Y OF DEATH
1 76 5	8	MD	USA	MARRIED NEVER MARRIED L	Baltimore Ci	+37
other di	0	CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR
be fi	Ų	SUAL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)		
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mpletely ond 2 s	20	FATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	NAME	LAST
d co	1 16		RMED FORCES? 166 SOCIAL SECU	URITY NO. 17. INFORMANT	ADDRESS	Charles A.
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equires 1 n signed Then ple r to buric injury, ai		PART 2. OTHER SIGNIFICANT (	conditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE TER	rminal disease or condition giv	VEN IN PART 1(a)
The law ricion. The has been the has been giene prior shows any	7	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
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ortoll TOR for u		saw the deceased alive on	of the body ofter death.	, and that in (my) (our) opinio	in death accurred on the date and hou	or and from the causes stated
OR A e hosp DIREC sched Dept. f Item		226. ST. J. RE	on year the body offer death.	DEGREE	WITE OF THE WITE	22c. DATE SIGNED
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03 (	1	Burial, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
*BP	2.	FUNERAL DIRECTOR	2/26/80 K	ing Memorial Pk	Baltimore ATE REC'D. BY REGISTRAR 25b. REC	CO MD
DHMH - 16 50M 1/76 (VR A 15 (4) )		m. C. March F.	/H 1101 E. No		EB 2 5 1980	fory Mobiles by



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1. DECE	EGISTRAR  EASED NAME FIRST OR PRINT)	MEDICA		LAST		REG. NO.  KNOWN MON	TH DAY YEAR 2	b. HOUR
3. SEX	Nimro  4.RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF	avis, Jr.	DEATH R 24 HRS. 2c. DAT	MATED 2	15 T9 80	11:07
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33 FORE	ки социтку) Virginia	U. S. A.	MA	RRIED NEVER MARK	CED KOK I	Baltimore	City,	MD.
()	ORTOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, C Sinai Ho		THER INSTITUTION	FOR MOST OF WO		OR INDUSTRY	NESS
USUAL 130 STA	RESIDENCE (IF IN NURSING HOME OF ATE 134 COUNTY	R OTHER INSTITUTION, GIVE RESID		13d INSIDE CITY LIMITS? YES X NO	130. STREET ADDR 4112 0	ess Oakford Av	enue	
	HER'S NAME Numrod	M. Da	evis , Sr.	15. MOTHER'S MAID	EN NAME	MIDDLE Ste	LAST	
16a. WA (YES,	AS DECEASED EVER IN U.S. ARA	WED FORCES? 16b.	SOCIAL SECURITY NO. 12-46-2013	17. INFORMANT	s 4112 0	ADDRESS Oakford Av		
	PART I DEATH WAS CAUSED  OHD IMMEDIAT  Canditions, if any, which gave rise to immediate couse (a) stating the under- lying couse last.  PART 2 DTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR AS A	CONSEQUENCE OF					
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AL CERTII	ZIO. EXTERNAL CAUSE WAS  UNDERLYING OR  CONTRIBUTING CAUSE OF I	21b. TIME OF INJU HOUR A.M. MO		HOW INJURY OCCURR	ED (ENTER NATURE OF E	NJURY IN ITEM 18 PART 1 O		NO 🗌
	WHILE NOT WHILE AT WORK	21e. PLACE OF IN.	JURY (AT HOME, 21f.	LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		ral causes (A), Accie	dent , Suicide	Hamicide  **TITLE (SPECIFY)  M.DASSISTANT  ADDRESS.**	Undetermined n	nonner ,	TE 2/16/8	0
23a, BUF (SPE	RIAL, CREMATION, REMOVAL 2	2/22/1980	23c. NAME OF CEMETER King Memor	or CREMATORY ial Park	REC'D. BY REGISTR	ore Co	Maryland	

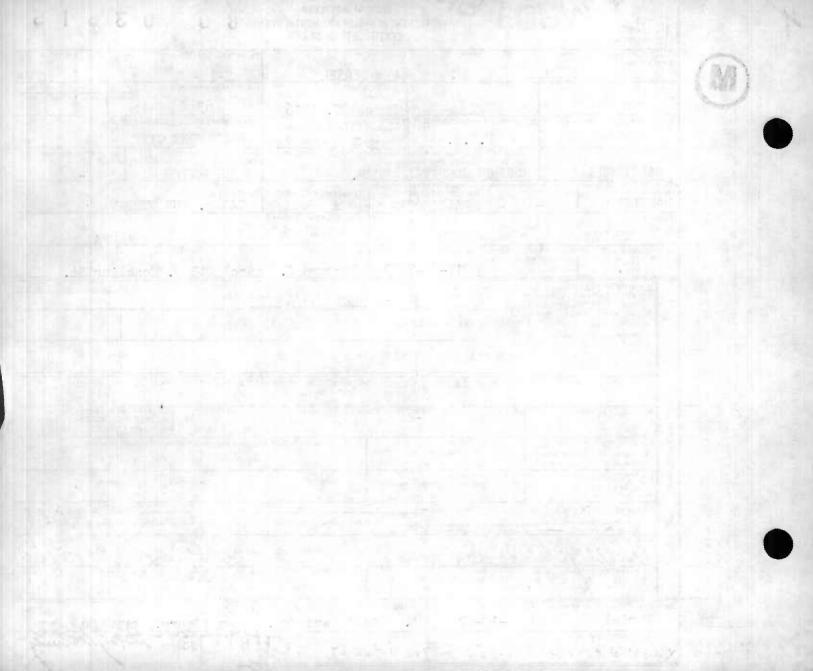
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME O DATE KNOWN KK MONTH (TYPE OR PRINT) Walter Day, Jr George DEATH MATED 19 80 & AGE (IN YEARS IF UNDER 1 YR. TE UNDER 24 HRS 2d. HOUR 2:00 4. RACE SEX 5 DATE OF BIRTH DATE PRONOUNCED black male 5 9 57 22 YRS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH TO BILTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City U. S. A. DIVORCED Maryland 128. USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS A CITY OR TOWN OF DEATH I NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12 N. Gay Street address) Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN 1938 West Franklin Street Baltimore YES X NO Maryland 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE FIRST Robinette Butler Day, Sr. ADDRESS 16b. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) 217-66-4125 Walter Day, Sr. 1938 W. Franklin St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)

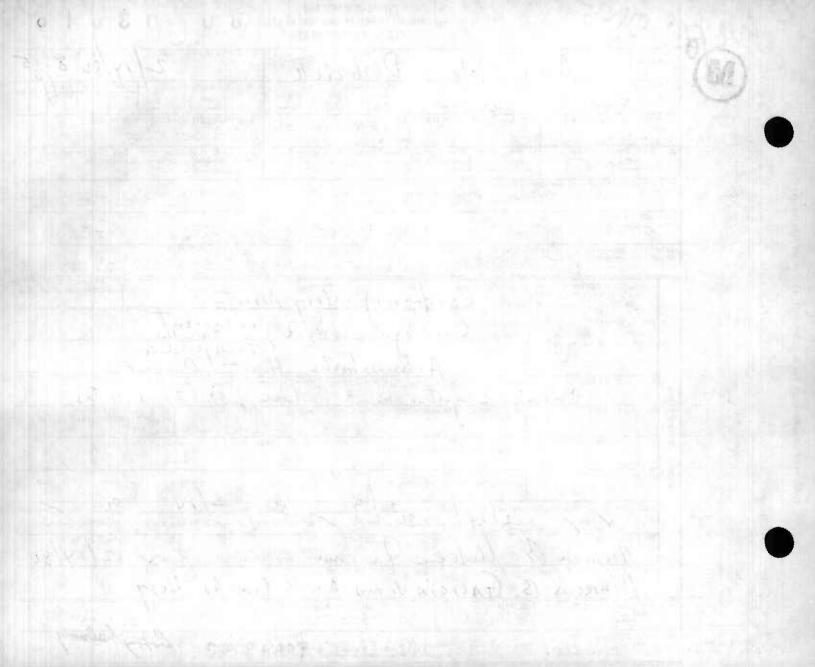
PART I DEATH WAS CAUSED BY: Gunshot wound of head -handgun IMMEDIATE CAUSE (o)~ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? RDED TO THE CHIE E 3 SHOULD BE USI E DEPARTMENT OF I PRIOR JO BURIAL, C OF NO [ 21b. TIME OF INJURY (approx) 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
HOUR A.M. MONTH CAPPYEAR 21a EXTERNAL CAUSE WAS subject shot self 1:50xx CONTRIBUTING CAUSE OF DEATH 71f LOCATION 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED NOT WHILE 12 N. GayStreet, Baltimore City, MD Nite Club AT WORK Autopsy XX 22a I certify that I took charge of the remains described above, held on Inspection Inquiry and in my opinion ARYLAND, death resulted from: Homicide _____ Undetermined monner TITLE (SPECIFY) 2/1/80 Assistant TER DEATH, MEDICAL EXAMINER SIGNED SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn Street, Balto., MD 21201 Hormez R. Guard, M.B. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore Co., Maryland King Memorial Park Burial 2/6/1980 24. FUNERAL DIRECTOR **DHMH-17** VR A15 ME (5)) Wm. C. March F/H 1101 East North Ave 15M 7/76

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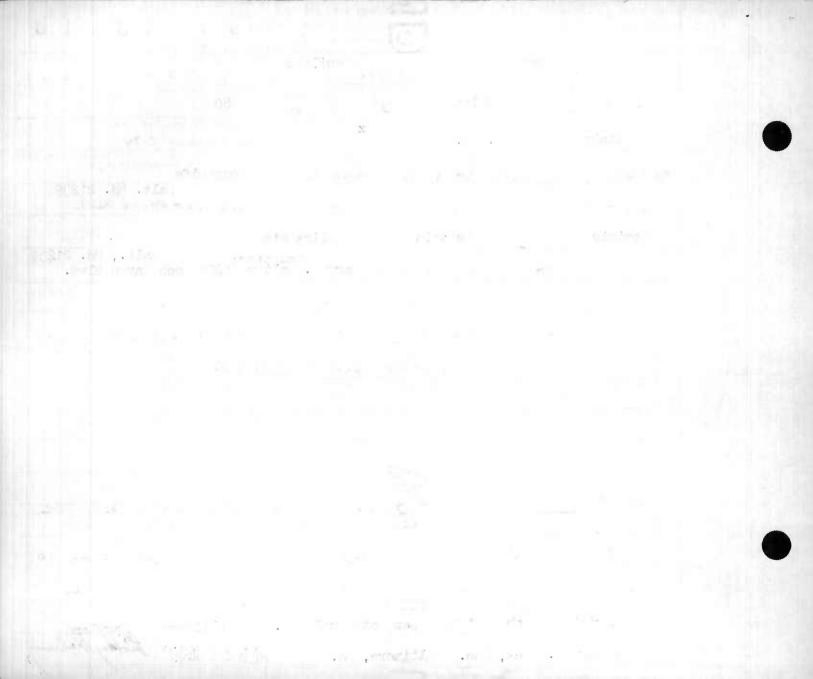


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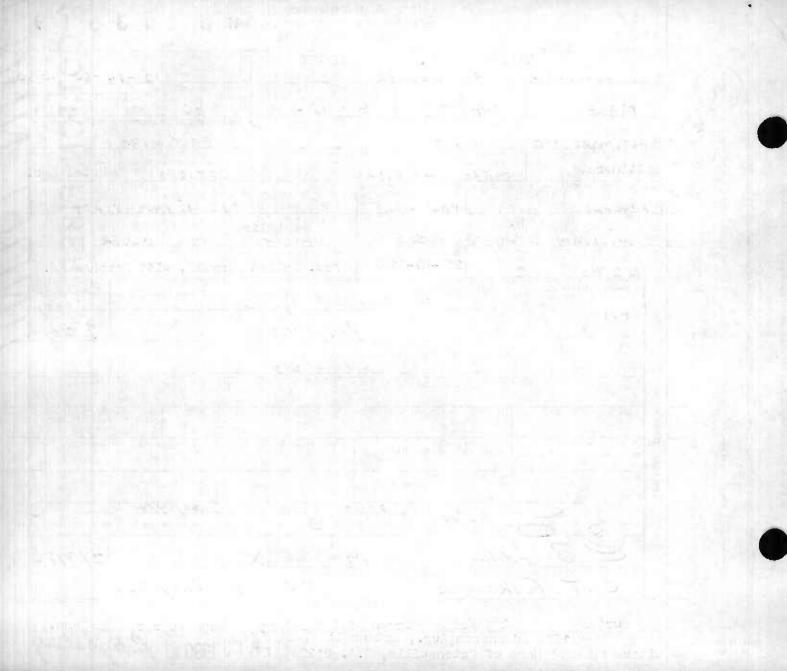


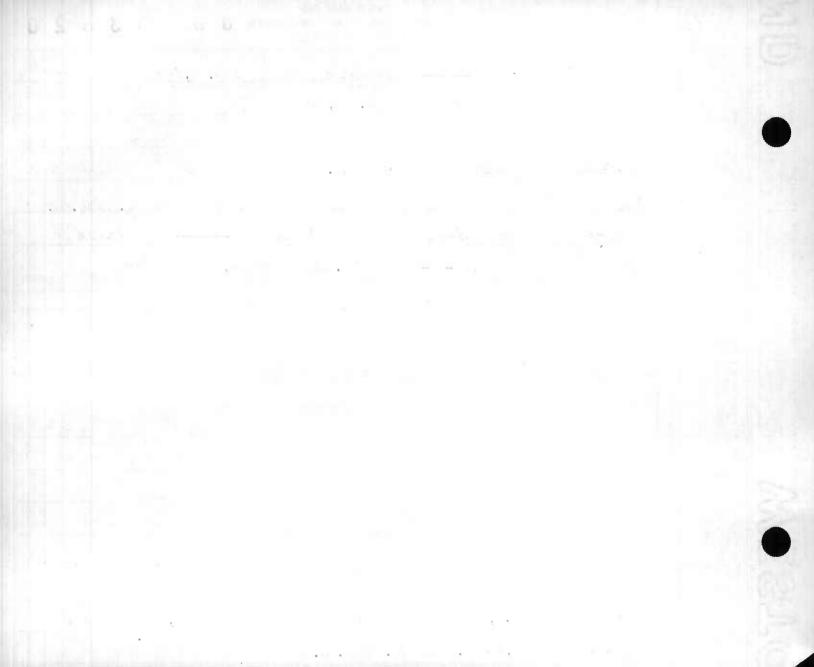
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10	CITY OR TOV	VN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOM		RINSTITUTION	12e U	SUAL OCCUPATION	ON (TYPE OF W	VORK 12b.	CIND OF BUS	INESS
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F		E OF DEATH (Enter only	one couse per line			MICHAE	31 W	DeBusk	- вал		APPROXIMATE I	NTERVAL
		DEATH WAS CAUSED	BY:	-Sudden-Inf	ant-D	eath-Sv	ndrome	- Menin	gitis		TWEEN ONSET	AND DEATH
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	19a. DATE	OF OPERATION	119b. CONDIT	ION FOR WHICH OPE	RATION WA	S PERFORMED	?			T20	AUTOPSY?	
1										1.0	YES K	NO []
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1	UNDERLY	ING OR		MONTH DAY YEA	R							
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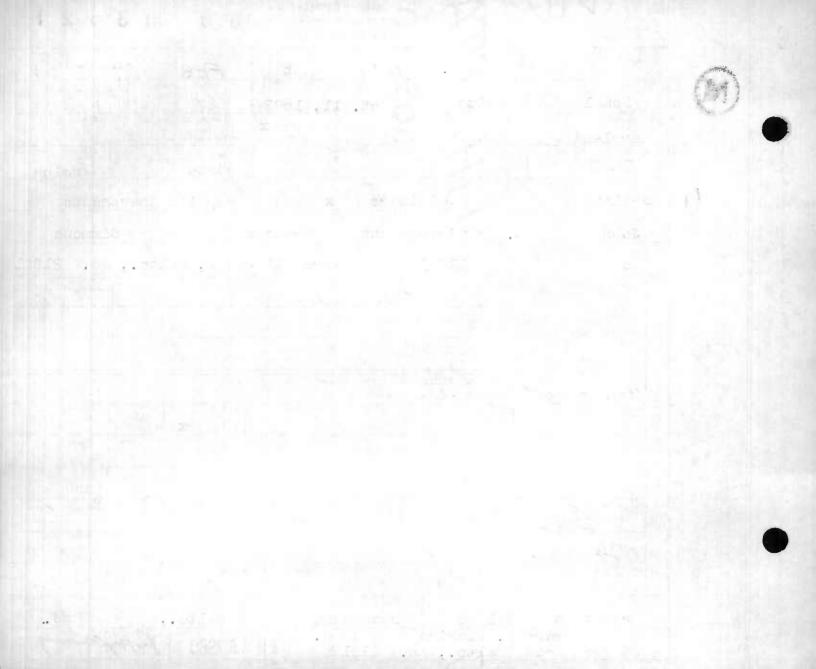


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	phy onpo eman		PART I. DEATH WAS CAUSED	BY: E CAUSE (a)	Hepato-1	Renal Synda	ene.		10	len
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ORD	한 구구 한	CERTIFICATION						T.		
REC	n. Tas bee permit. The prior	EG	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING	ERE FINDINGS G CAUSES OF	DEATH?
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 26 HOUR (TYPE OR PRINT) MARY L. D'eLashmutt 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH White Female 1892 Oct. 11 TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED BALTIMORE CITY USA Maryland WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY BALTIMORE Nurse Nursing BALTIMORE, MARYLAND 21201 KESWICK NURSING HOME ASUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13L CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore Hopkins Apartments 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIODLE John M. Frances D'eLashmutt Simmons ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) [ (IF YES, GIVE WAR OR DATES) 7699 Marshall Jones. Balto ... 18 CAUSE OF DEATH Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse lot, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ony 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? NOX YES [ ronsit 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 20 21e PLACE OF INJURY CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE 220.1 certify that [ (this hospital) attended the deceased from sow the deceased alive on and that in (my) printed on the date and hour and from the causes stated above. (1) (wet (did) (did not) view the body after death If Item DEGREE 27s DATE SIGNED MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME (TYPE OF PRIN 22e. ADDRESS should be with the 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION COUNTY STATE Balto. Md. Cremation Greenmount Henry & Sons Co. 25a. DATE REC'D, BY REGISTRAR 25b. R W. Jenkins. DHMH - 16 60M 1/75 (VR A 15 (4)) Balto. Md. 21212 York Road



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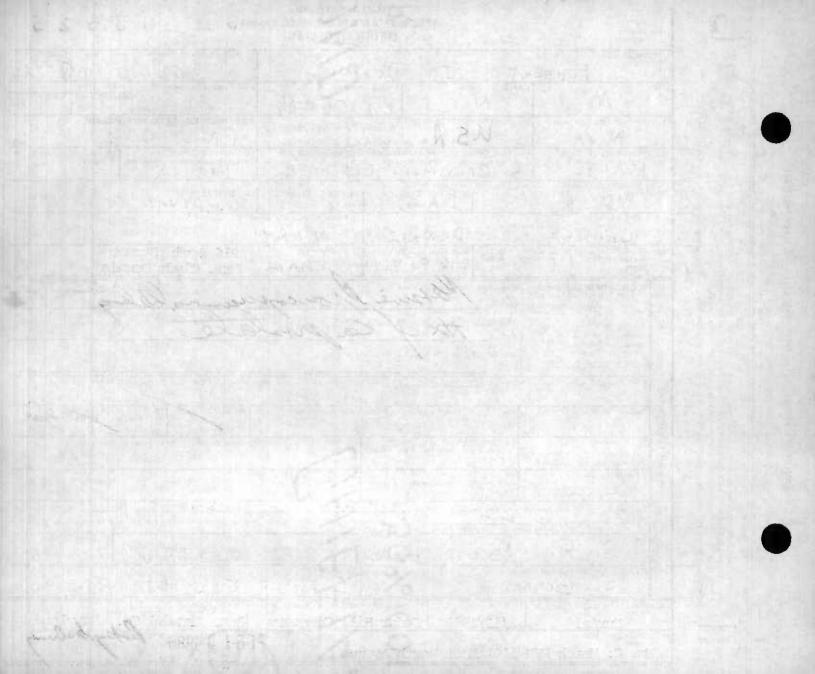
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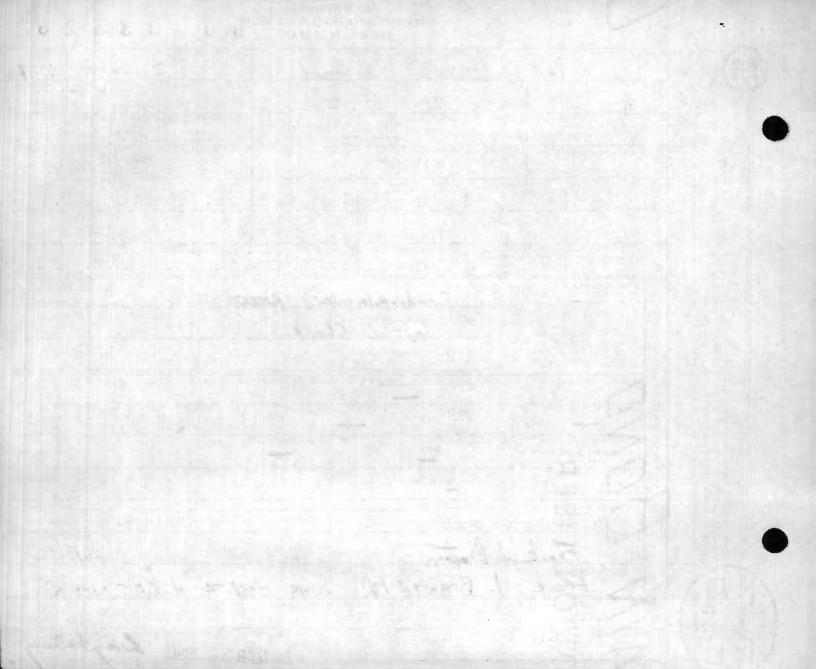
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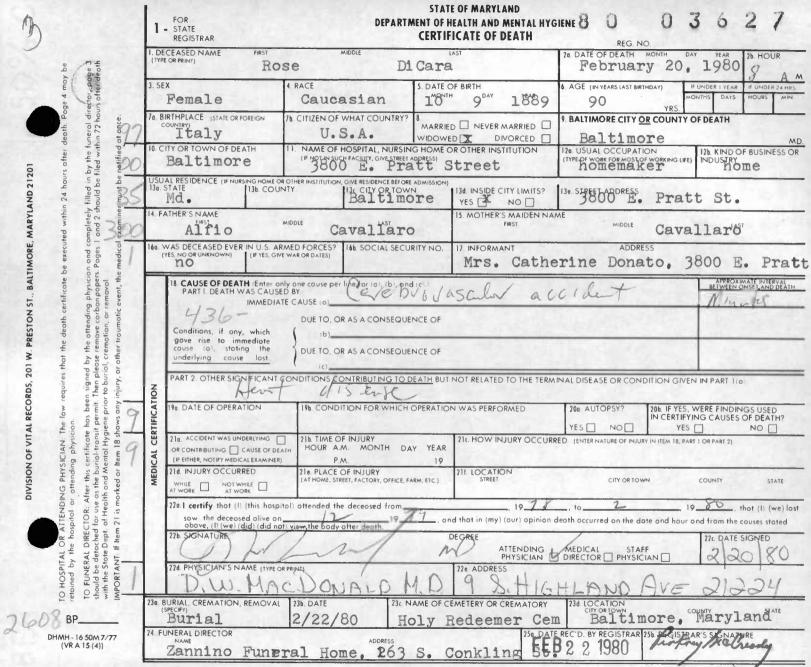
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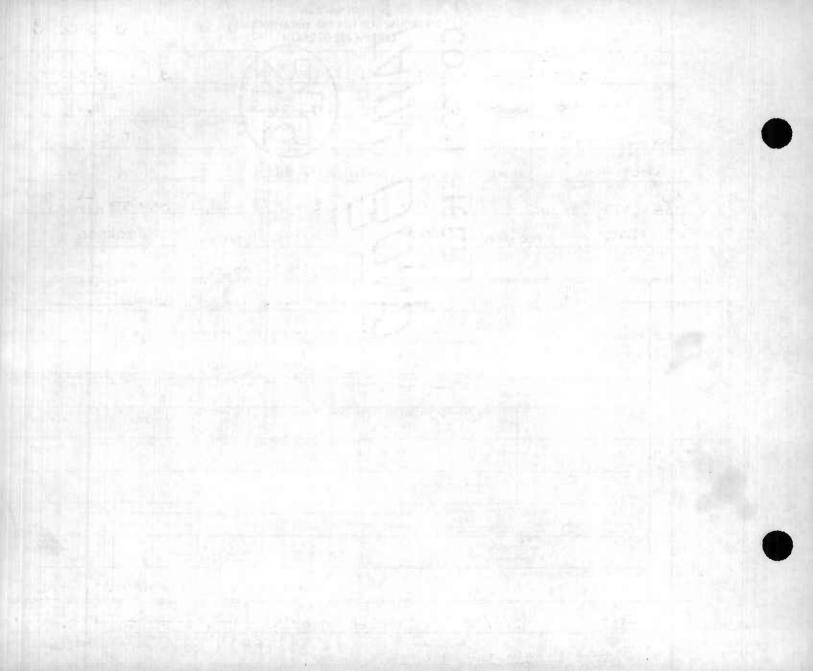
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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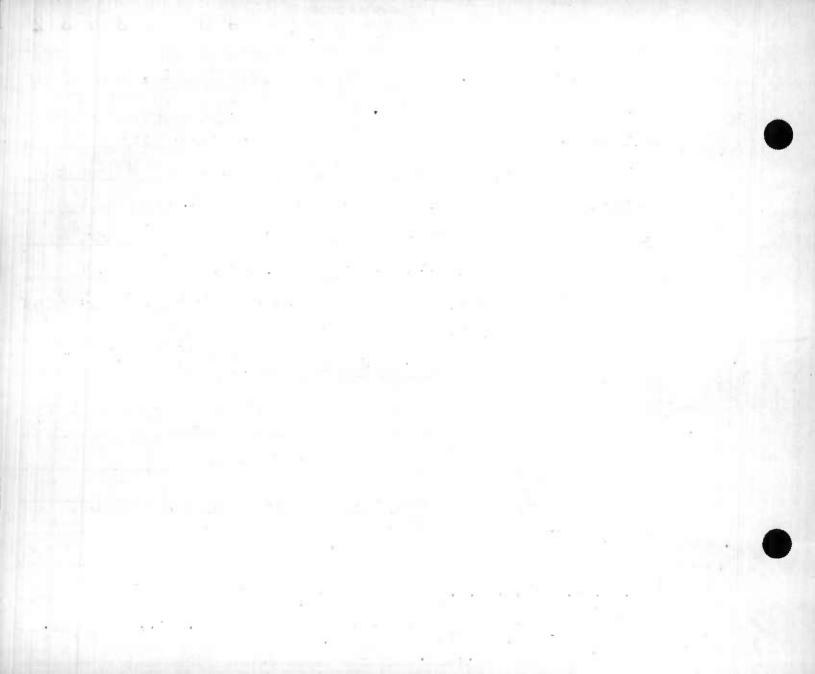
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

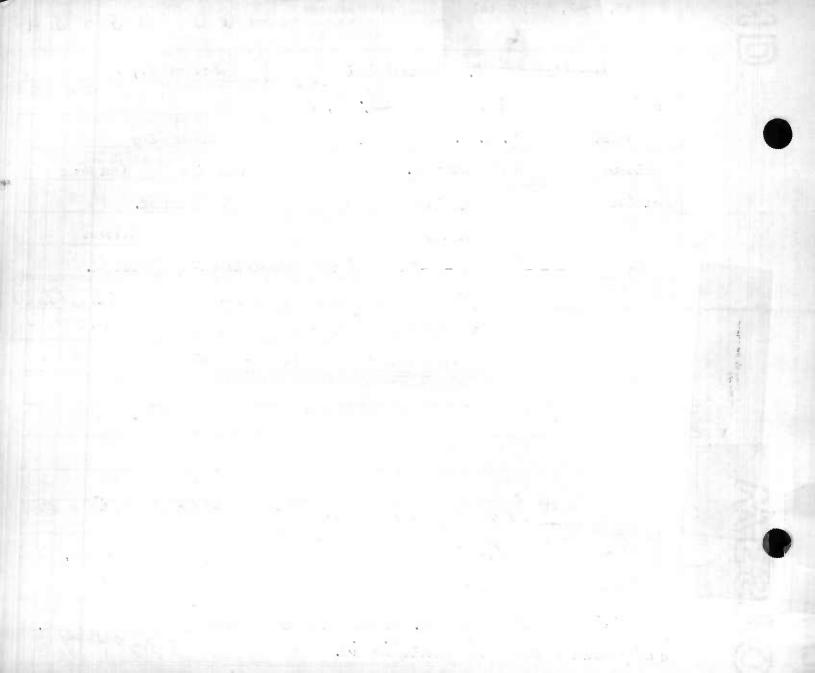
CERTIFICATE OF DEATH

#5, G542, 4/3/80 bal

FOR

- STATE

REGISTRAR



4	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	HYGIENE 8 0 0	3 6 3 5
(M)	(TYPE	CEASED NAME FIRST OR PRINT) THEL HA	1///	DOEHRING	20. DATE OF DEATH MONTH	15, 1980 8:60 AM
	3. SE	Female	White	S. DOE 2F BIRTH	110	
death. F	С	Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 BALTIMOKE	CITY MD.
urs ofter in by the filed will		Baltimone  AL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NURSI NOT IN SUCH FACILITY, GIVE STREE SO- GALTIM	OXE GEN. HOSPI	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN THOMEMORE	GLIFE) 126. KIND OF BUSINESS OR INDUSTRY Omestic
ly filled in should be let must be	130 S	TATE ISE COUN	TY 13c CITY OR TO	NO 13d INSIDE CITY LIMITS  NOTE YES NO 20  15 MOTHER'S MAIDEN	107-D Governo	r's court
ored with		Walter "	F. Chamber	s Marie	MIDDLE	Hettcke
be execut on ond ca	16a V	/AS DECEASED EVER IN U.S. ARA es, no or unknown) (IF yes, Give	MED FORCES? 16b SOCIAL SEC WAR OR DATES) 217-12-	3663 Mrs. Vivian	Millersvi. L. Mearman 303 W	est Pasadena Roa
certificate ing physici rbonpoper r removal. ic event, th	3	PART I. DEATH WAS CAUSED	E CAUSE (a) CHRUIF	AC-PULHONARY	AKKES7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he deoth ci he ottendin emove carb mation, ar r troumotic		Conditions, it any, which gove rise to immediate cause 101, stating the	)	TATIC LESIO	as hier	Jarlure
res that the		underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO			GIVEN IN PART 1(0)
on.  on.  thos been signe t permit, Then p ene prior to bu ows ony injury,	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF	YES, WERE FINDINGS USED THEYING CAUSES OF DEATH? YES (T)
PHYSICIAN: The ending physicion this certificate he burial-tronsit had Mental Hygier dor them 18 sha		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY ( AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
spitol Spitol CTOR: I for us of He		saw the deceased alive an above. (1) (we) (did) (did nat	ol) attended the deceosed from, 19	, and that in (my) (our) opin	ian death accurred on the date and I	, 19 8C , that (1) (we) lost hour and from the causes stated
TAL OR A the holy the holy the holy RAL DIRE detoched tote Dept.		226. SIGNATURE Wit	nal	DEGREE H.D. ATTENDING PHYSICIAN		122. DATE SIGNED FEB : 15, 198
retained by the TO FUNERAL should be detroined by the Stote with the Stote IMPORTANT:			10L, H.D.	3001 J	So. HANOVER	ST.
BP	L	URIAL, CREMATION, REMOVAL  PECIFY) Burial	2/18/80	NAME OF CEMETERY OR CREMATOR Edan Hill Cemeten	11 Baltimos An	né Mindel Md.
OHMH - 16 50M 1/76 (VR A 15 (4) )	24 M	NAME OF PATAPACO	Avenue Baltim		FEB 1 9 1980	is find the treaty

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6415 Belair Rd.

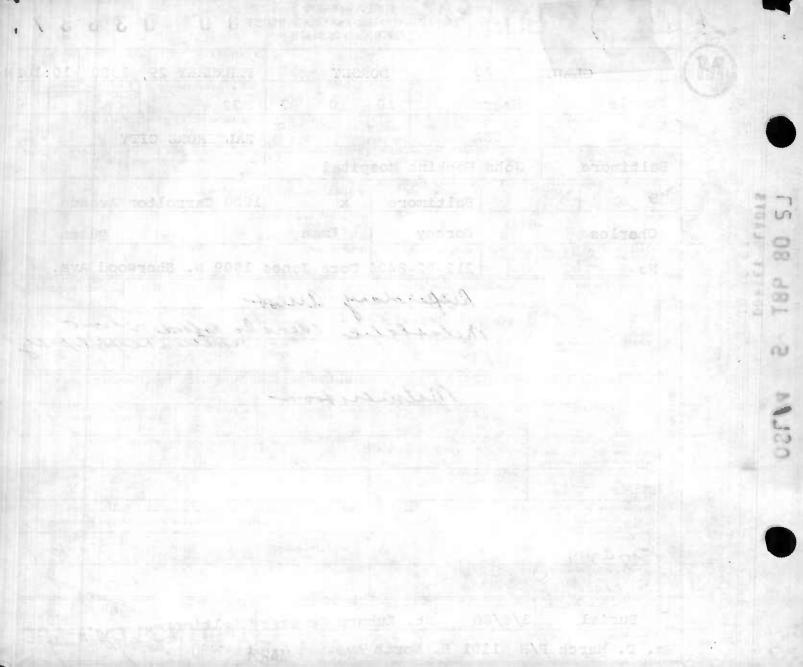
John C. Miller Inc.

(VRA 15, 4) 1/79

STATE OF MARYLAND

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		5	FOR 1 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 0 0	3 6 3 7 .
	6	1	1 DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b. HOUR
	eq to	M )	GLADY	S A.	DORSEY	FEBRUARY 29.	1980 10:10PM
	m as	ノ	3 SEX	4 RACE	S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	age 4		Female	Negro	10 10 TO TO	72 YRS.	MONTHS DATS HOOKS MIN
	A House	1	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7% CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
	deat	35	MD	USA	WIDOWED DIVORCED	BALTIMORE CI	TY MD.
10	by the fued withing	33	Baltimore	11. NAME OF HOSPITAL, NURSII (ENOLIN SUCHEACHTY, GMESTREE JOHN HOPKIN	S Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	(12). KIND OF BUSINESS OR INDUSTRY
AND 212	filled in I	33	USUAL RESIDENCE (# NURSING HOME ON 136 STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORM TY 130 CITY OR TOV Baltim	VN 1134 INSIDE CITY LIMITS?	13m STREET ADDRESS	on Avenue
5un	letely 2 shot		14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
Y CO	mple and 2	00	Cherles	Dorsey	Emma	MIDULE	Queen
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* to	es that the dby the attack ase remove ial, crematiny, or other		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOU	ENCE OF	repete ex	explopally
RDS, 20	w requires en signed k Then please or to burial iny injury.			CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
NI RECO	V: The law  te has been permit. The iene prior shows an	2	I 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \( \text{NO} \)
OF VIE	ING PHYSICIAN: The endingobysician. After this certificate has the burial-transit permit and Mental Hygiene p. and Mental Hygiene p. and Mental Hygiene p. and show sarked or Item 18 show	9	00.00.00.00.00.00	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18,	PART I OR PART 2)
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٥			sow the deceased alive on	tol) offended the deceased from	\$0, and that in (my) (our) opinion	deoth occurred on the date and ha	ur and from the couses stated
	hosp hed Dept		obove, (I) (we) (did) (did no	the body offer death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
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Mar.	TO HOS retained TO FUN should by with the IMPORT	1	Michael 9	Ryans.	godax Hos	opine Hoggin	Lal.
11.5	BP		Burial CREMATION, REMOVAL Burial		NAME OF CEMPTERY OR CREMATORY  Auburn Cemete	23d LOCATION CITY OR TOWN  TY Baltimore	COUNTY STATE MD
1001			24 FUNERAL DIRECTOR		25a. DAT	E REC'D. BY REGISTRAR 256. RECIS	TRAR'S SIGNATURE
	DHMH-16 25 (VRA 15, 4) 1,		Wm. March F	/H 1101 E. 1	North Aye. MA	R 4 1980	may recrease



NAME: Louis M. Downes

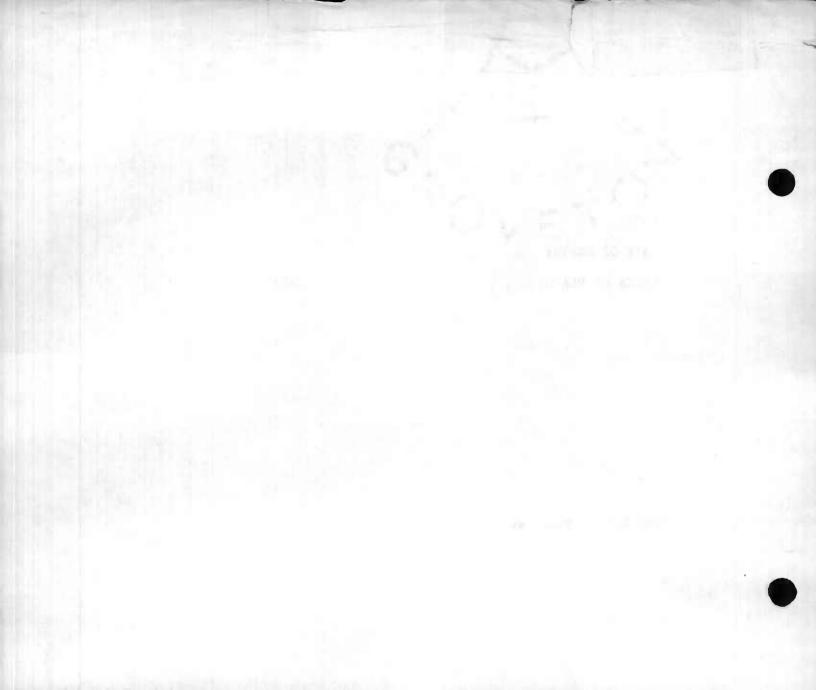
DATE OF DEATH: February 12, 1980

PLACE OF DEATH: Baltimore City

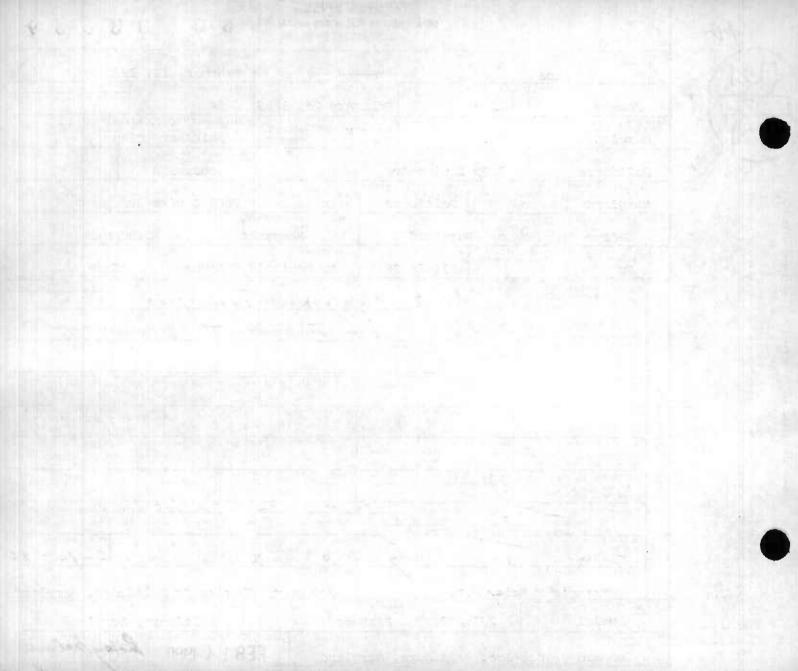
**SEE:** 80-03969

filed as Downes, M. Louis

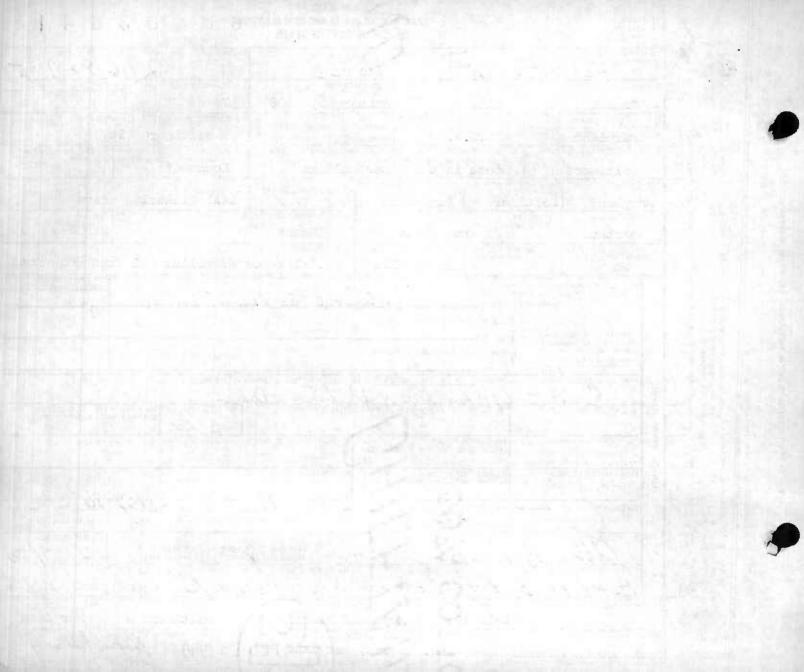
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10	1.	FOR - STATE			DEP	RTMENT OF H	OF MARTLAND  EALTH AND MENTAL H  ICATE OF DEATH	INGIENE 8 0	0 3	6 3	9
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		Female		White		Febr	uary 25, 190	74	YRS.	THS DAYS HO	DURS MIN
180	70 B	IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF V	VHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY		DEATH	
1:25	2	Maryland		U.S.A.		WIDOWE	**	☐ Baltim	ore City		MD.
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- Sec	_	ATHER'S NAME			_		15. MOTHER'S MAIDEN				
3/1		George		M B	orchar	d	Marga Marga	aret	Stump	ner LAST	
medicol	16a \	VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDI	RESS		,
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	MEDICAL	21d INJURY OCCUP	VHILE [	21e PLACE C (AT HOME, STRE	OF INJURY ET, FACTORY, OF	FICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
tote Dept. of recith ond		22b. SIGNATURE	sed olive on diel did no	t view the body o	/ -	9 <u>80</u> .or	d that in (my) (out) opini DEGREE ATTENDING PHYSICIAN	on death occurred on the	AFF		
should be divided with the Sto		22d. PHYSICIAN'S N			D	/	22e. ADDRESS				7 7
Short W	23a			Daley M.		23c. NAME OF C	METERY OR CREMATOR	h Charles St			
		SPECIFY) Burial	,	2/16		Park		CITY OR TOWN	more, Ma	ryland	STATE
0M 1/76 (4))		UNERAL DIRECTOR NAME  Leonard	J Ruc		ADDRES			FEB 1 4 198			nooly



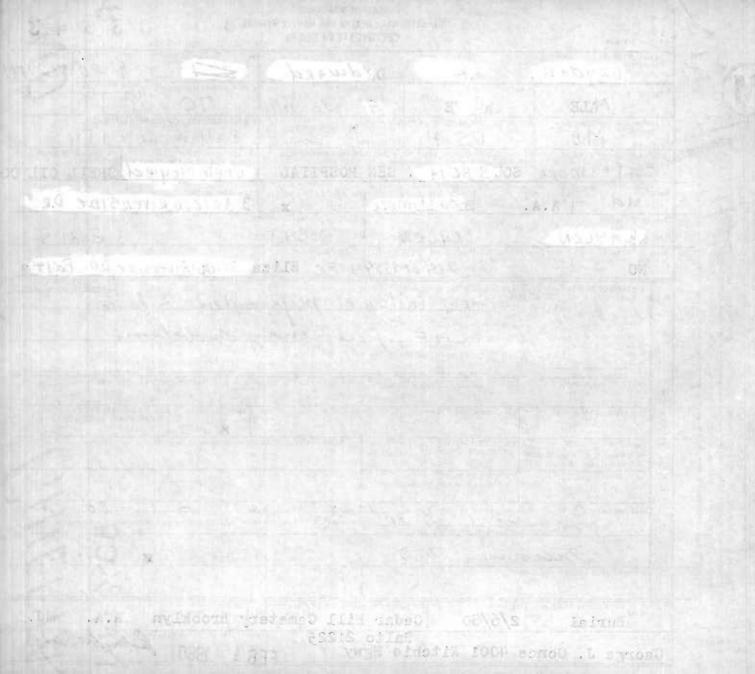




STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE LAST 2s. DATE OF DEATH MONTH 25 HOUR LTYPE OR PRINTI JAMES DREXET FEBRUARY 16 1980 4 RACE IF UNDER 24 HRS 3 SEX IF UNDER I YEAR 5 DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAYS M 15th/12 YEAR HOURS 67 vrs 76 CITIZEN OF WHAT COUNTRY? 78. BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED CONTINO. Md. U.S.A. WIDOWED DIVORCED BALTIMORE CITY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12R USUAL OCCUPATION 125 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF MYORK FOR MOSKIOF WORKING LIFE) INDUSTRY RALTO. THE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE LIF HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE BAGOPHTY 135 SPEE SOORESETER ST. BALTO. 21202 13BEITY PRIOWN 134 INSIDE CITY LIMITS? 0 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME RUBEN M. DREXMPPLE TAST LOUISEST HOWARD MIDDLE LAST **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) I IN YES, GIVE WAR OR DATES! MRS. LEONA DREXEL 232 S. EXETER ST. DR CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I DEATH WAS CAUSED BY suriut IMMEDIATE CAUSE (a) BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which MED gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause NON PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO X NOF YES [ 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) RELEASED HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER, NOTIFY MEDICAL EXAMINERS P.M. 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 19 80 that (1) (we) lost 22a.1 certify that (1) this haspital) attended the deceased from. Fe. h saw the deceased alive on bove, (1) (we) (did) (did not) view the body after death. 226 SIGNATURE 224 DATE SIGNED DEGREE m.D ATTENDING MEDICAL STAFF State IMPORTANT DIRECTOR PHYSICIAN PHYSICIAN TO FUNERA should be det with the State 22d, PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS HOSPITAL JOHNS HOPKINS NANCY V. STRAHAN 731 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 2/20/80 GARDING OF FAITH KENWOOD GYVEN OVERLEA COUNT STATE 25R. DATE REC'D. BY REGISTRAR 25B. RESISTEAR'S SAMANIFE 24 FUNERAL DIRECTOR DHMH-16 25M 1980 Della Noce 7 sons 322 S. HIGH ST. BALTO. Ma (VRA 15, 4) 1/79

FOR

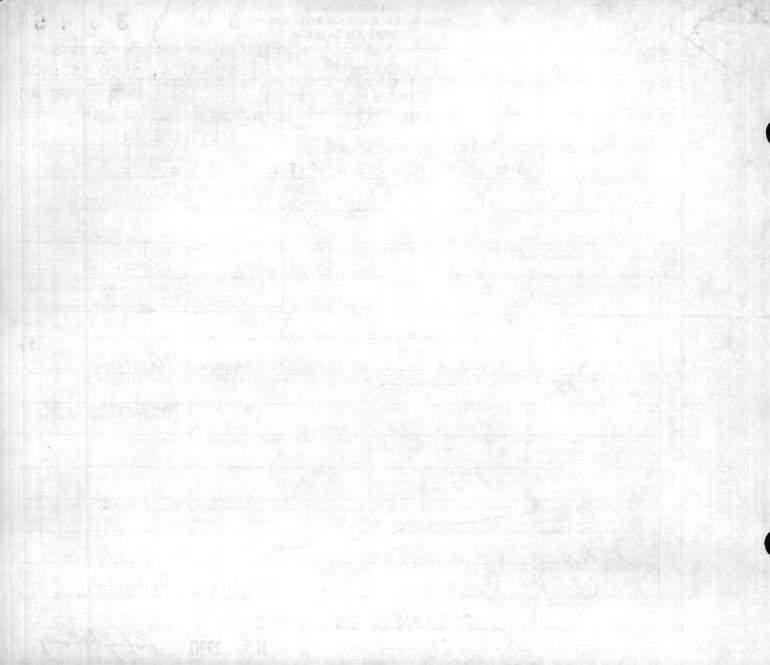
(VR A 15 (4))



				STATE OF MARYLAND		
*4 (M)	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	AYGIENE 8 0 REG. NO.	0 3 6 4 4
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A 600			ran	Ouben	2	15808:30 PM
e 4 mo	3. SE	MALE	A RACE WHITE	5 DATE OF BIRTH MONTH DAY YEAR 12 28 19	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
dare haur	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	D PAITIMORE CITY OR CO	
deoth deoth 72		MARYLAND	us	MARRIED NEVER MARRIED WIDOWED DIVORCED	Balt, C	etest. MD.
o) by the filled with	0	alt city	11. NAME OF HOSPITAL, NURS UP NOT IN SUCH FACILITY, GIVE STREE  SINAT	ING HOME OF OTHER INSTITUTION TAPPRESS!	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK CLATMS EXAM)	NER U.S. GOVT.
24 hour 212 ould be f	U\$U. 13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d INSIDE CITY LIMITS		#21215- Sue D1.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE : 🕄 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE LAST 20 DATE OF DEATH DECEASED NAME MONTH TYPE OF PRINTS MARY B DUBNER FEBRUARY 4 1980 10:40A 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR # UNDER 24 HRS MONTH MONTHS DAYS HOURS White Female 1926 To BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7% CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE U.S.A. West Virginia WIDOWED DIVORCED X IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOPKINS JOHNS C&P Baltimore Operator Telephone USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 STATE
130 COUNTY
130 CITY OR TOWN 13a. STREET ADDRESS 134 INSIDE CITY LIMITS? Baltimore Dundalk 7217 Dunglen Court Maryland NO IX 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Goddin Kellv Alice Hubert B. Sr. In WAS DECEASED EVER IN U.S. ARMED FORCES? 7506056uth Bend Road 146 SOCIAL SECURITY NO 17 INFORMANT Balto. MD 21222 216-20-3340 Louis Dieter No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse in metastatic PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [ NO [ cenoma 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a I certify that (1) this hospital) attended the deceased from sow the deceased glive on 2/4 obove (1) (we) (did) (did not) view the body after death . and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING /MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22 ADDRESS should be with the S necca 1 SCOW 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 7/80 Bel Air Memorial Harford Maryland Burial Bel Air 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE FFB 5 1980 Frifrey Malserdy 24 FUNERAL DIRECTOR Duda-Ruck, Inches **DHMH-16 25M** 7922 Wise Avenue, Dundalk, MD 21222 (VRA 15, 4) 1/79



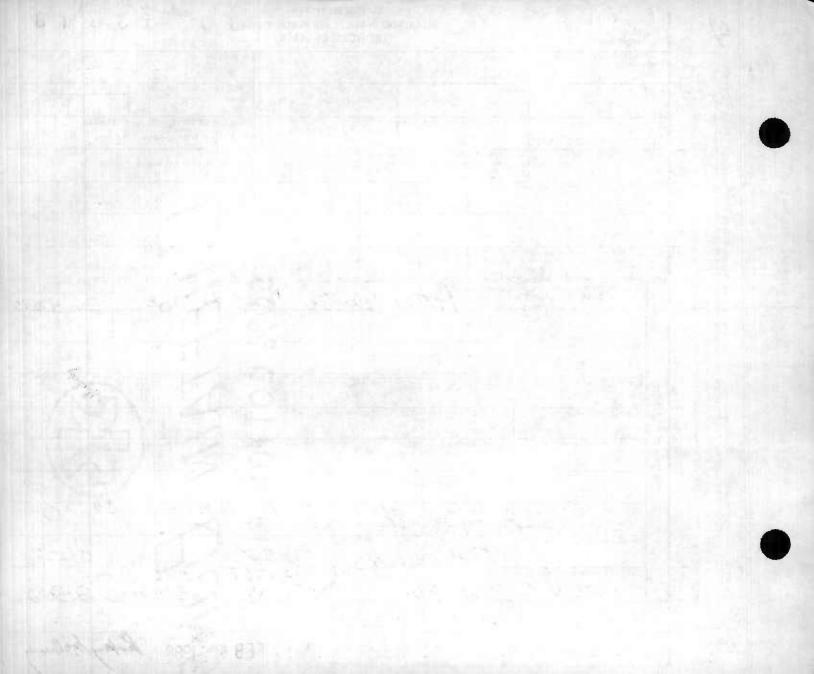
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the hosp the hosp AL OIR( etached ( are Oept.		22h. SIGNATURE		2	ull	7	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAI		22c DATE 2/2	2/80
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E 4		CEASED NAME FIRST	JULIA MOMARY	E	ACHO 40	20. DATE OF DEATH	MONTH DAY YEAR 26. HOL
may may r	3 SE		4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRT	
s of		FEMALE	WHITE	JUL		74	MONTHS DAYS HOURS
2 hours		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
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and DESO	1	WILLIAM	H. PITTS		BLANCH	E M	. CHASE
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ns. heen signed has been signed permit. Then plue prior to buri ws any injury, a	CERTIFICATION	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING			200 AUTOPSY?	DITION GIVEN IN PART 1(0)  20b. IF YES, WERE FINDINGS USEI IN CERTIFYING CAUSES OF DEAT
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EDVALE STEE SLAVES SANGE TALTINORE SALTILORE CITY HOSTOTAL SOCIETARS SHOWETLAND MANA LATA SEETLES DE LE SELECTION DE LE SELECTION DE PROPERTIENT CHARACTER DE LA CONTRACTOR TOWN IN THE PROPERTY OF THE RATILITY OF THE PROPERTY OF THE PR CIC-CO-OSSSO LIMES E. EACHO POCKITILL MILES BRIDGER BELLEVISTON TWEELSHER RELEASITION 01/2/2 TYLES SOO UNTO CLUTTE STRUCT PARTIES AND THE STRUCT

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) Linwood 80 Early 4 RACE 3 SEX 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS. HOURS 1 9 2 0 Male 59 Negro To BIRTHPLACE (STATE OR FOREIGN 76°CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED North Carolina USA Baltimore City, WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 633 Aisquith Street Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 633 Aisquith Street Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Edgar Hattie Vaughan L. Early ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Eliza Early 40 N. Gorman Avenue Yes Army APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line fa PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 101, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 0 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? ă IN CERTIFYING CAUSES OF DEATH? NOF YES T Mental Hygiei 21b. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 s HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 10 21d INJURY OCCURRED TIA. PLACE OF INJURY 211 LOCATION ö CITY OR TOWN AT HOME STREET FACTORY OFFICE FARM \$10.1 COUNTY STATE NOT WHILE 220 1 certify that (1) this hospital) and that in (my (our) opinion death occurred on the dot and hour and from the couses stated sow the deceased alive on abave. (1) (we) (did vided no If Hem 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING be deta e State l DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME TYPE OF PRINTS 77# ADDRESS should be MPORT 230. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23b. DATE Cheltenham, Maryland Ante 2/7/80 Burial Cheltenham Cem. 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 March F. H./1101 E. North Ave. (VR A 15 (4))



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(BA)		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2h HOUR
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exec and co		WAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	AL SECURITY NO	17 INFORMANT	ADDR		1444	
Pages t, the n		no	154-0	05-9794	Karl Eperho	urd #3 Bell	s Irai	ilor Pi	2 21144
equires that the death c signed by the attending n please remove carbon burial, cremation, or r injury, or other trauma		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO	NSEOUENCE OF	Post Ascp	endo con	long	8 olgr	rephriti
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by the host ERAL DIR e detached State Dept ANT: If It		22b. SIGNATURE	UX	non	DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN EX	22c DATE 2/	15/80
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DEATHS, JAMES HERSHEL EDENFIELD, Nov. 26, 1979, City

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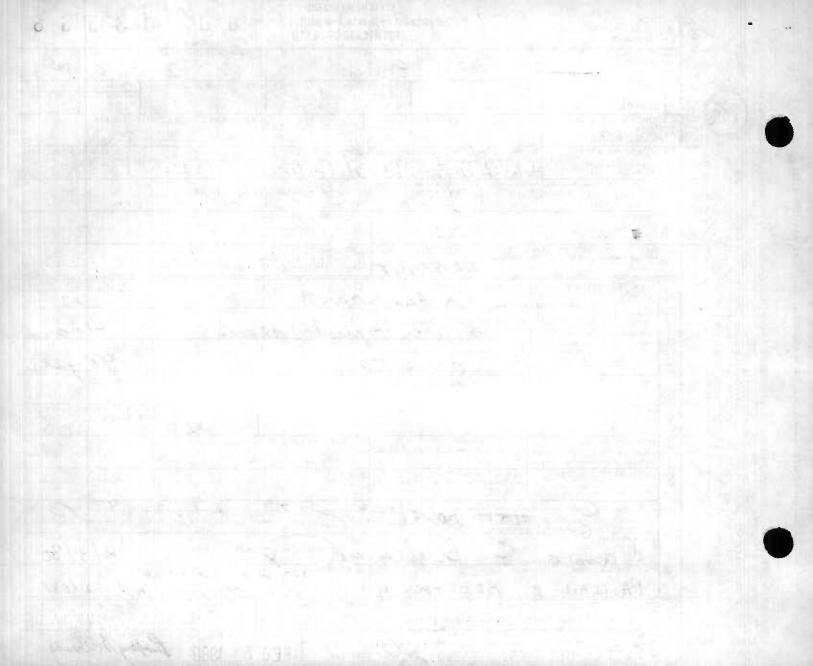
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO 20. DATE KNOWN DECEASED NAME YEAR MONTH DAY 2b. HOUR (TYPE OR PRINT) ESTI-THOMAS DEATH MATED EGAN 19 4. RACE IF UNDER 1 YR. 3. SEX S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE 2d 11200 MONTH LAST BIRTHDAY) PRONOUNCED male white 7 16 63 YRS DEAD 19 80 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City USA WIDOWED T DIVORCED PAGE S E FILED, IR CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore 646 Washington Bivd. 3. RETAIN PASHOUD BE PARENTE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b. COUNTY NO [ Md. Balto 646 Washington Blvd 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MD MIDDLE MIDDLE LAST OF VIT 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES 180-10-8419 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
 PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH BURIAL-TRANSIT PERMIT AND MENTAL HYGIENE, IMMEDIATE CAUSE (6) Arterios derotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES K NO [ 3 SHOULD BE 210 EXTERNAL CAUSE WAS 216. TIME OF INILIRY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION AGE 3 S 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK 21201 DIRECTOR: Autopsy 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion Undetermined monner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, MA 2-19-80 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 230 BURIAL, CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY STATE 2/26/80 Removal 24. FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REC **DHMH-17** 1980 (VR A15 ME (5) Anatomy Board Balto., Md. 15M 7/76

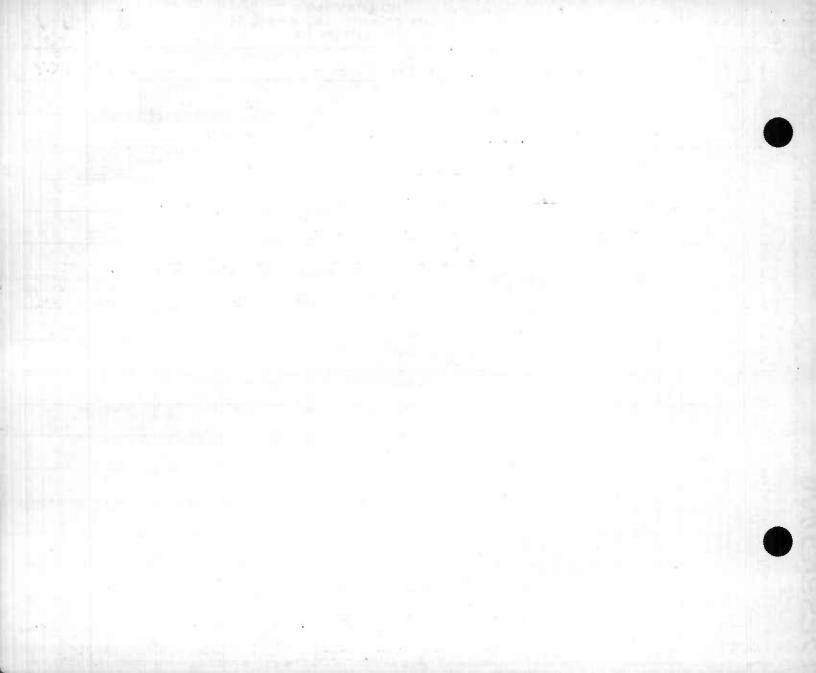
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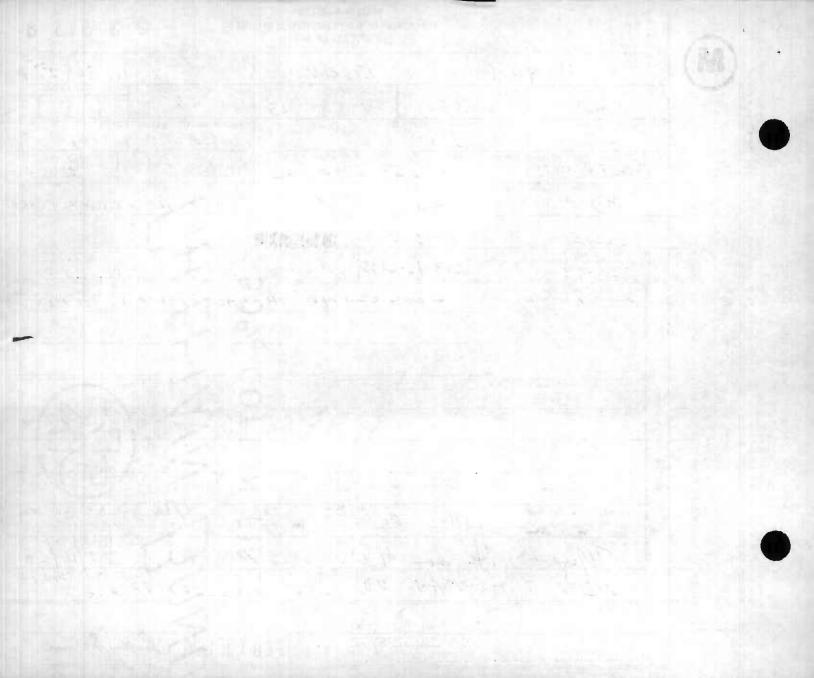
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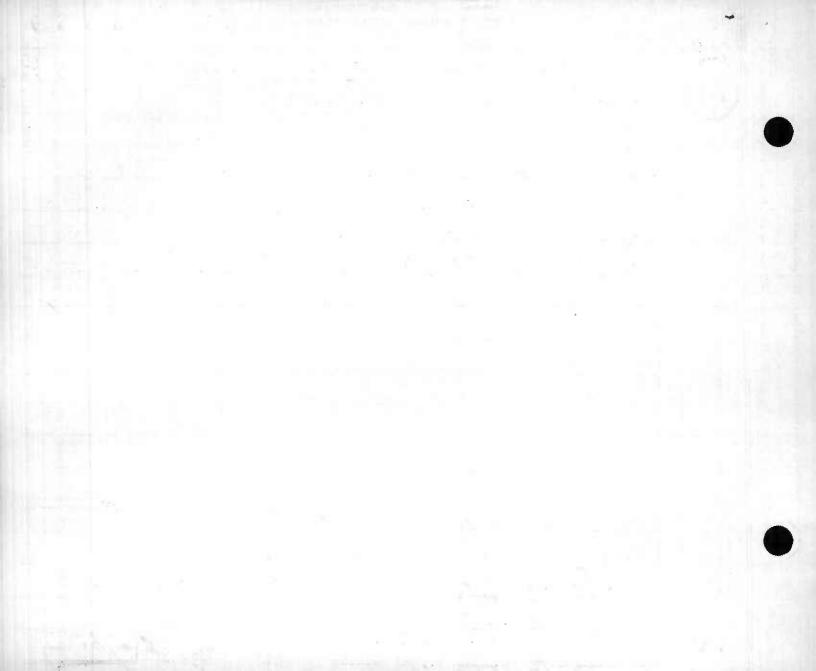
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR





6010 REISTERSTOWN RD. BALTO. MD



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 1 DECEASED NAME MONTH TYPE OR PRINTS 80 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR 3. SEX 5. DATE OF BIRTH MONTH DAYS auc. YEAR, 16 In BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY Wash., Baltimore City DIVORCED T 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) South Balting 4 Gen. Hospital W. PRESTON ST., BALTIMORE, MARYLAND 21201 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 11330 CHERRY HILL RD GUEST SE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Di Gennaro MIDDLE MIDDLE IN U.S. ARMED FORCES 160. WAS DECEASED EVER 17 INFORMANT Beltsville. (YES, NO OR UNKNOWN) G. Clark Elliott. NO 604 Wycomico Ave., Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE AS A CONSEQUENCE OF PANCREAS Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ and Mental Hygie 21g ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL ( IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (this hospital) attended the pleceased from 80 sow the deceosed alive on obove, (1) (did) (did) (view the body liter death. and that in (my) apinion death accurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE THE DATE SHONED men 10 ATTENDING MEDICAL STAFF should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d PHYSICIAN'S NAME (TYPE OF PRINT 22e ADDRESS STEVEN BAPP South Baltimore, Md. Baltimore, Md. 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Silver Spring, Maryland (SPECIFY) Burial Gate of Heaven Cem. Feb.14.1980 Robert G. Beall Funeral Homeoress DHMH - 16 50M 1/76 (VR A 15 (4)) 9013 Annapolis Road, Lanham, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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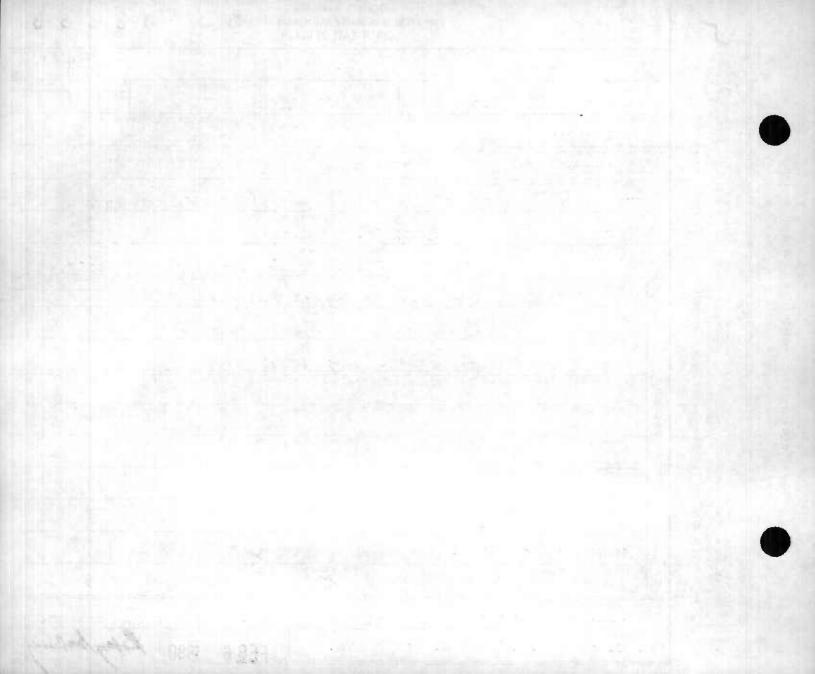
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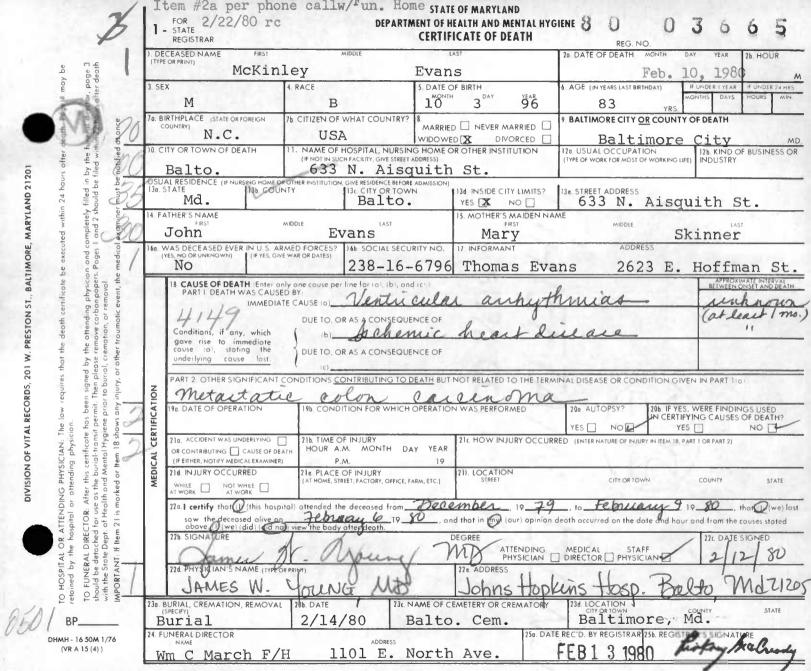
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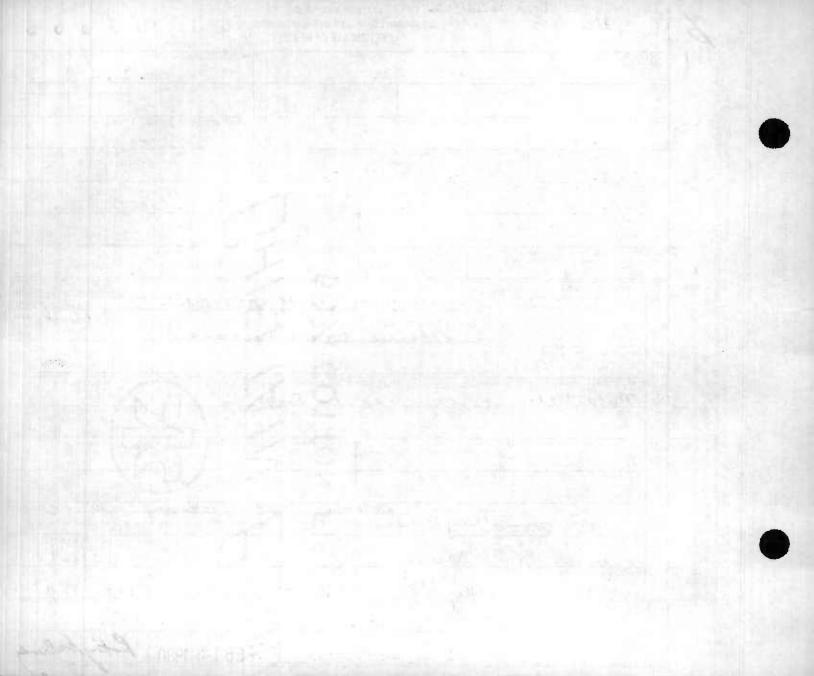
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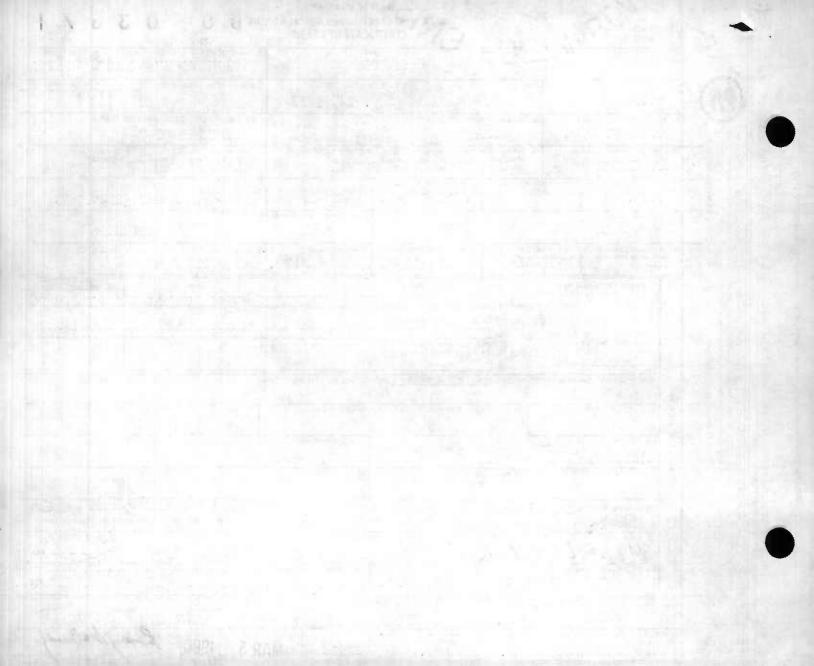
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(VRA 15, 4) 1/79



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Page 4 may rector, urs afte		PALE	white	5 DATE OF BIRTH  MONTH DAY YEAR  4 2/ 79	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOURS MIN.
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TO HOSPITAL retained by the TO FUNERAL should be detac with the State I		THE PHYSICIAN'S NAME (THE DE	PRINCI	22. ADDRESS		
BP	C	BURIAL CREMATION, REMOVAL (SPECIFY)  REMATION UNERAL DIRECTOR	136. DATE Feb. 2, 1980	232 NAME OF CEMETERY OR CREMATORY WESTVIEW Manchial Part 1250. DA	23d LOCATION CITY OF TOWN  ENTEREC D. BY REGISTRAR 25b. REGIS	COUNTY STATE
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**DHMH-16 25M** (VRA 15, 4) 1/79 - STATE

STATE OF MARYLAND

CERTIFICATE OF DEATH

ADDRESS 404. Decatur St

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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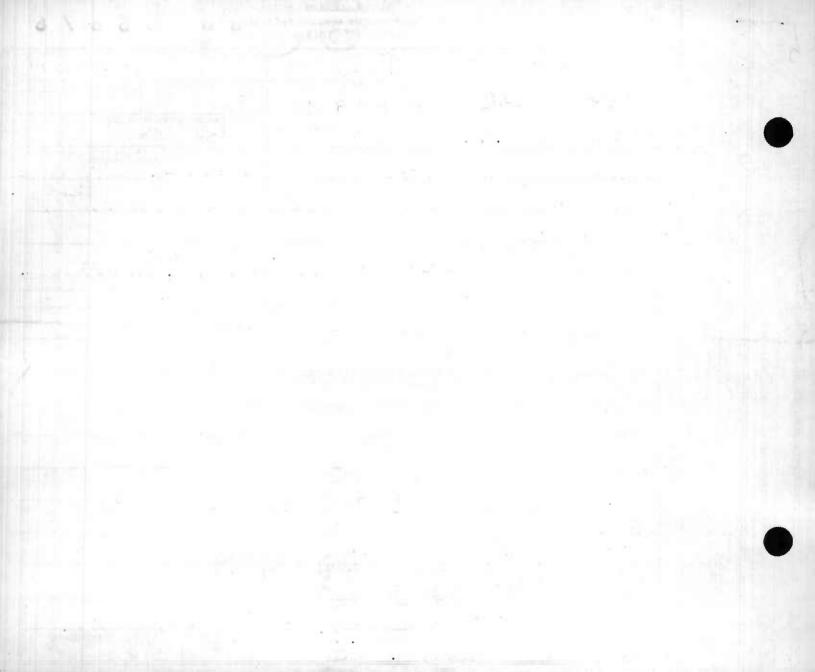
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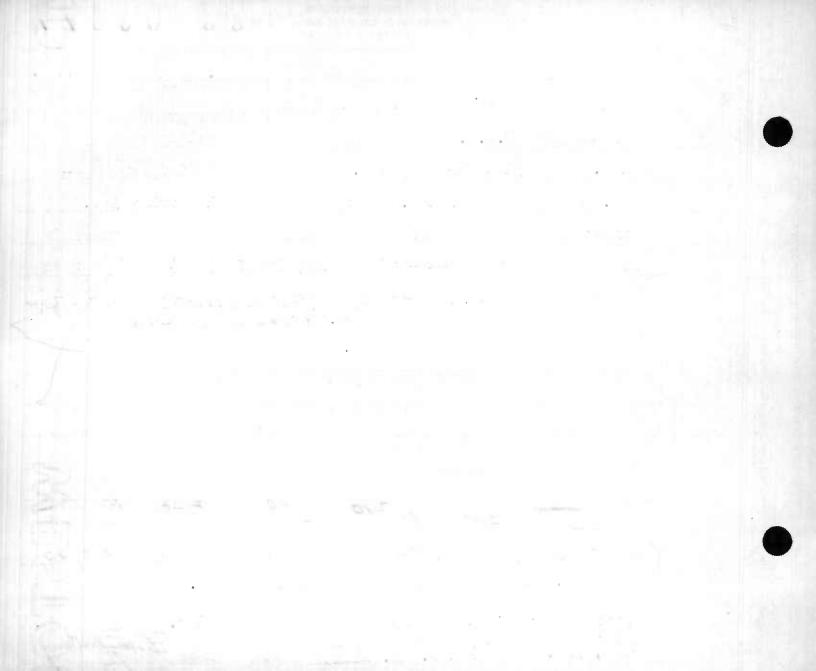
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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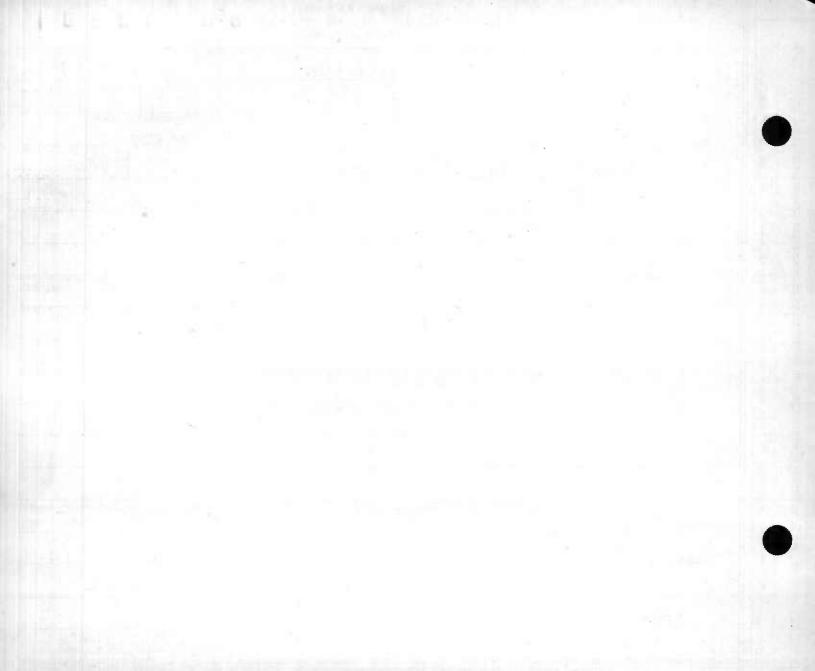
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Wm. C. March F/H 1101 E. North Ave.

STATE OF MARYLAND

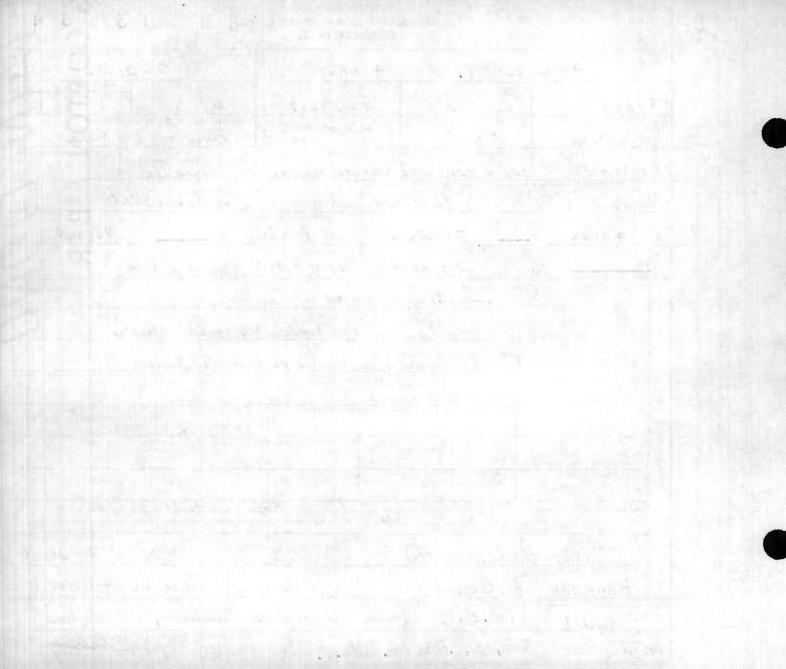
FOR

**DHMH-16 25M** 

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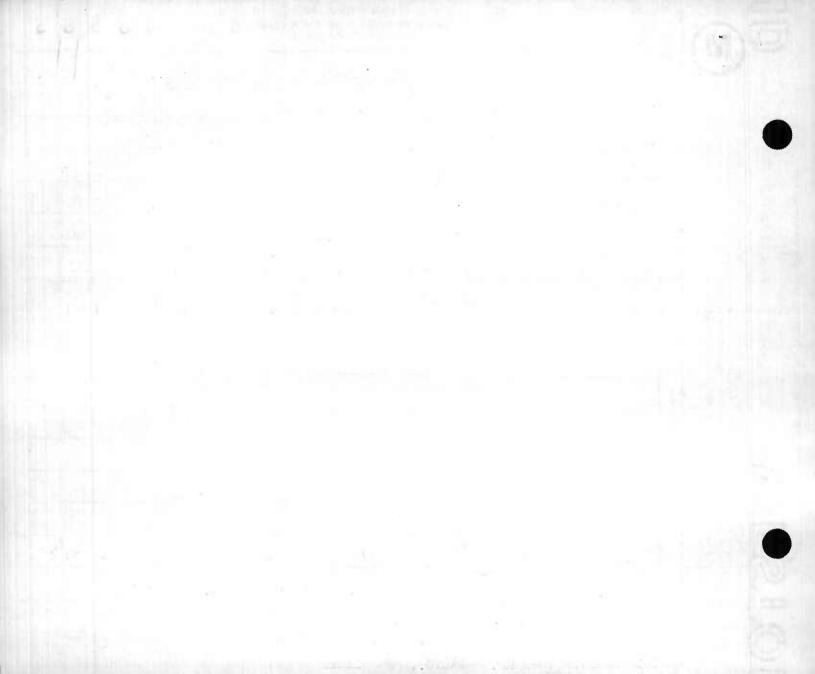
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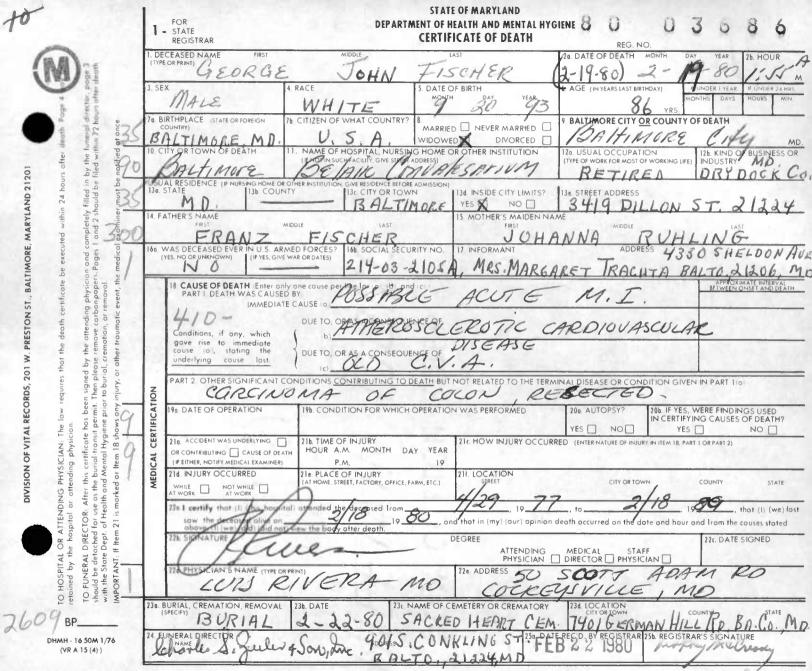
2	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH		3 0 8 4
(1)	1. DE	CEASED NAME FIRST	WIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
be oge 3 deoth		FLORE	NEE	FINAN	2-	21-80 3:43 1.
nay be	3 SE		14 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
sge 4 n rector, urs afte	7	Emale	Cauca Sian	9-27-12	67 YR	
zrol di 72 hode.		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	1 41
de de	L	Naryland	U.S. A	WIDOWED DIVORCED	BALTIMOR	
the the fired		ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR G LIFE) INDUSTRY
by if filled	_	PALTIMORE	SOUTH BALTIMON		Housevile	
NND 212 24 hou ould be filled in	130,	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	I 13d INSIDE CITY LIMITS?	130 STREET ADDRESS (633 Harvey S	Kest
thin thin thin thin thin thin thin thin		ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
MARYLAND ed within 24 mpletely filler ond 2 should		FRANK	THOMPSO	ON AGNES	WIDDLE	NULLEN
		WAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRESS	\
IMC	2	Laterous No	212-44	-0155 George Finar	, (same addu	2)
SALT sicia pers al.		18 CAUSE OF DEATH (Enter or	nly one couse per the for 101, (b), or	nd icid		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The ph		PART I. DEATH WAS CAUSE	ED BY: (TE CAUSE (D) Carduay	uic Shore		
ON S ding orbo or re		410-	DUE TO, OR AS A CONSEQU		4.5/1.1	
PRESTON he death of he attendin emave corb matian, ar		Conditions, if ony, which	( Deute in	lever and posterior	ny ocardial mps	sles.
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i, 201 irres th paned b in plea burrall, ry, ar a		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
PRDS on sur to ur to inju	§ S	Breakera Co	autis acting d	isease		
DIVISION OF VITAL RECORDS,  NG PHYSICIAN. The low requir offending physicion.  fifer this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b orked or item 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
TALR In The Inciron.	H H				YES NO	YES NO
FVITAL IAN: Th physicio inficate I I-transit of Hygie of Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR 21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
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PHY: ending this ne bund M	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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-1.0	230.	BURIAL, CREMATION, REMOVAL	Feb. 25, 1980	NAME OF CEMETERY OR CREMATORY edan Hill (emeten	23d. LOCATION LITY OR JOHN	COUNTY STATE
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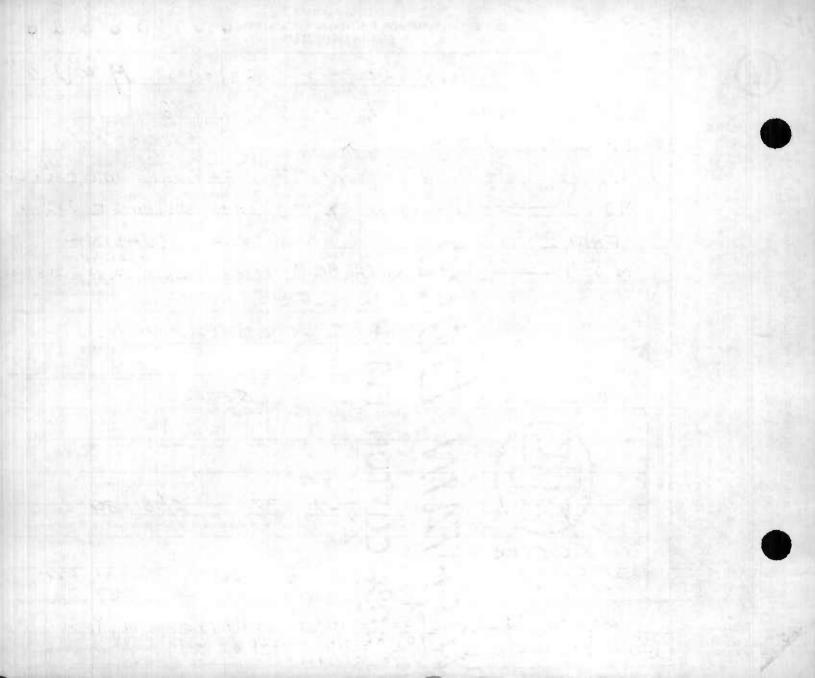


DEPARTMENT OF HEALTH AND MENTAL HYGIENE

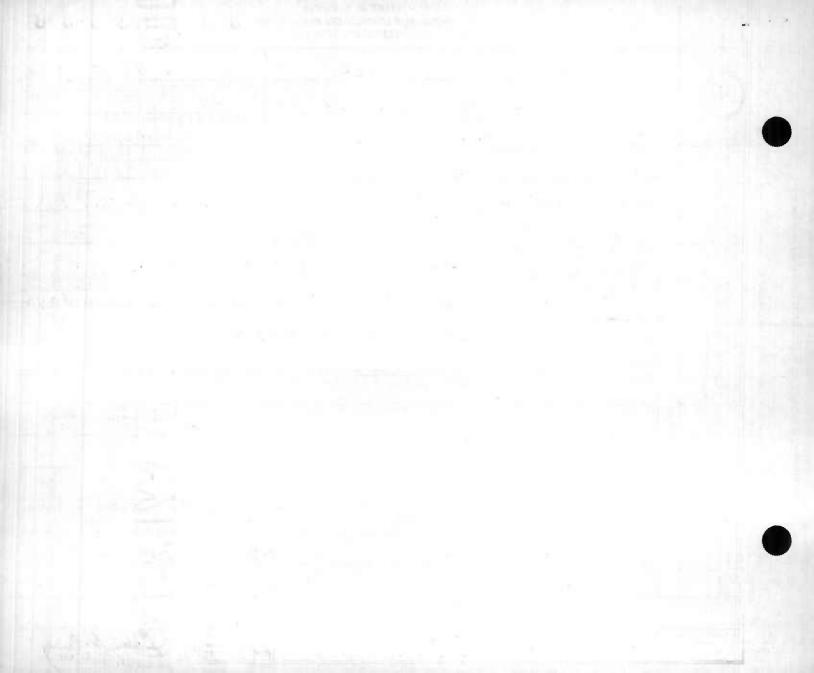
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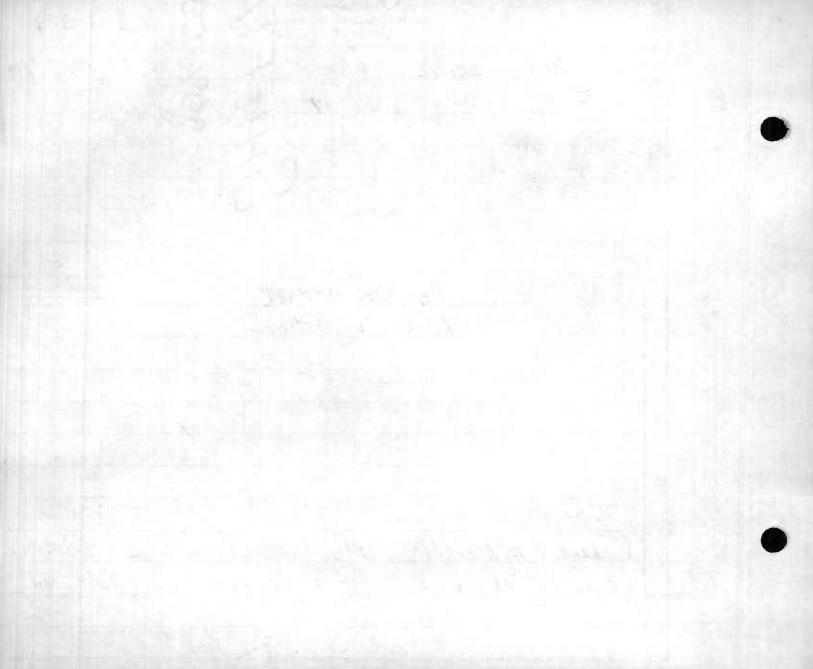




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Son 72 po		RTHPLACE (STATE OR FOREIGN ) OUNTRY) Maryland	U.S	· A .	MARRIEI WIDOWE		ER MARRIED	Baltimore city of Baltim			
s ofter des	10 C		11. NAME OF	HOSPITAL, NURSI UCH FACILITY, GIVE STREE TIMORE (	NG HOME C	ROTHERI	NSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND OF	BUSINESS OR
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours ysicion and completely filled in by ppers. Pages 1 and 2 should be fill vol. t, the medical examiner must be in	130.		iter institutio	136 CITY OR TOU Dunda	re admission) VN LK	YES 🗌		13e STREET ADDRESS 2906 Dun	brin	Ct. 21	.222
uted within		ATHER S NAME Horace	IDDLE	Gilbert	ŧ		ER'S MAIDEN NAM FIRST	€ MIDDL€		Davis	
IMORE,	160 \	VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) [IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SEC 213.07		17 INFOR		Fisher-		as 13	le
W. PRESTON ST., at the death certific by the attending ph se remove carbanp cremation, or rema	NO	18 CAUSE OF DEATH. Enter only PART I. DE ATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT CO.	DUE TO, ((c)	OR AS A CONSEQU	ALAN JENCE OF	NOT RELA	ation  TED TO THE TERMIN	nal disease or con	DITION GIVE		MATE INTERVAL
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	H OPERATIO	N WAS PER	RFORMED	200 AUTOPSY?	206. IF YES IN CERTIFY YES	, WERE FINDING YING CAUSES C	GS USED OF DEATH? NO
DIVISION OF VITAL RECORDS, 201  NG PHYSICIAN. The law requires th after this certificate has been signed to stife buraci-transit permit. Then pleat the and Mental Hygiene prior to burral, arked ar them 18 shows any injury, or a prival or them 18 shows any injury, or any arked ar them 18 shows any injury, or any arked ar them 18 shows any injury, or any arked ar them 18 shows any injury, or any arked ar them 18 shows any injury, or any arked ar them 18 shows any injury.	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOT IFY MEDICAL EXAMINER)  21d INJURY OCCURRED	HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY	PAY YEAR	21c HOW	/ INJURY OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)	
DIVISION OF DING PHYSICIA or attending p After this certifi e as the buriol- alth and Mental marked ar Item	ME	WHILE NOT WHILE AT WORK		TREET, FACTORY, OFFICE,	FARM, ETC.)	STR	EET	CITY OR TO	WN	COUNTY	STATE
ATTENDIP Sepitol or ICTOR: A d for use of Health		220 I certify that (1) this hospite saw the deceased alive an above (1) we (did) did not	2-2	5 19	80,00		7 17	, to <u>2 - 2</u> eoth occurred an the d	ote and hour		
DIRE POPP		Richard T.	MSHE	rught.	_ /	UD DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN O	22c. DATES 2-2	5-80
TO HOSPITAL retained by th TO FUNERAL should be deti with the State		RICHARD Y.	MG	BUBAL	11	120. ADD 494	10 EAST	ERN AV	IE I	Balt	Md.
1711 BP	(	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 2/28	2.0			Cemetery	23d LOCATION CITY OR TOWN Baltim	ore	Mary	, land
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	UNERAL DIRECTOR  NAME  1 ter Brooks B		-			25n DATE	PRECIP. BY REGISTRAR 2 7 1980			



FOR - STATE

DHMH-16 50M 7/77 (VR A 15 (4))

REGISTRAR

HOURS BALTIMORE CITY OR COUNTY OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR OF WORK FOR MOST OF WORKING AFE INDUSTRY APPROXIMAT PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE that (we) last that in (my) (our) opinion death occurred on the date and hour and from the causes stated 24. F' " FRAL DIRECTOP 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Washington, D.C. W.H. Bacon Funeral Home.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

26 HOUR

IF UNDER #4 HRS

80

IF UNDER I YEAR

Sand Street Street Street Street Street The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second 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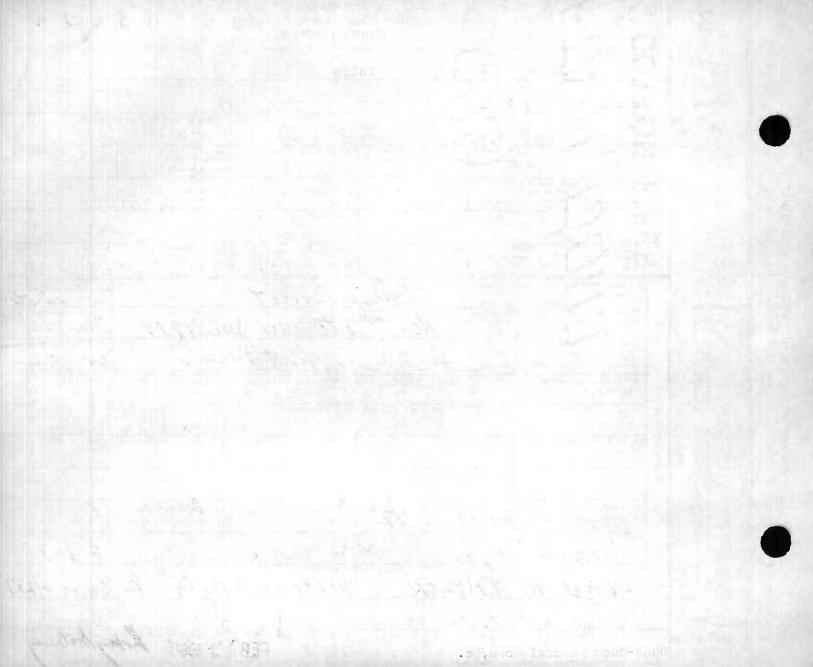
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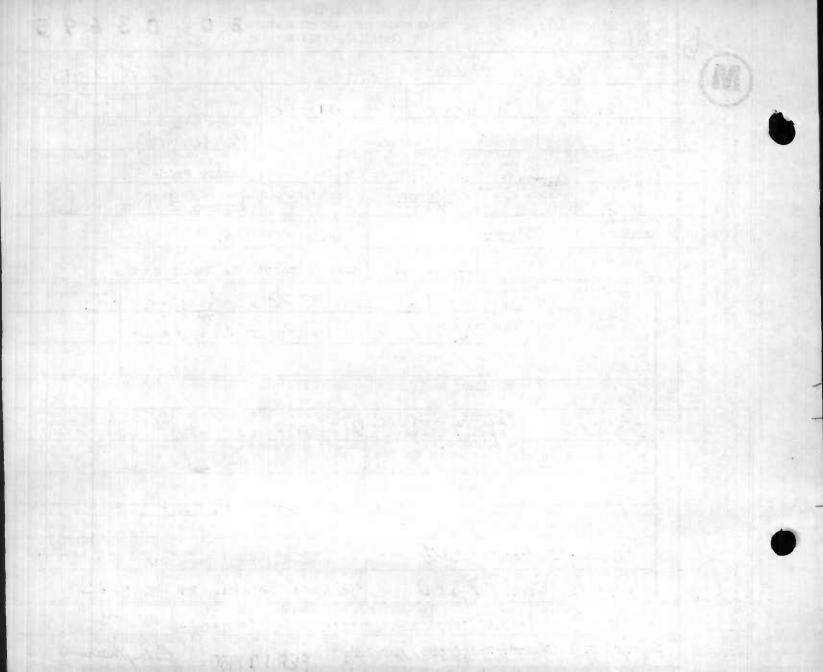
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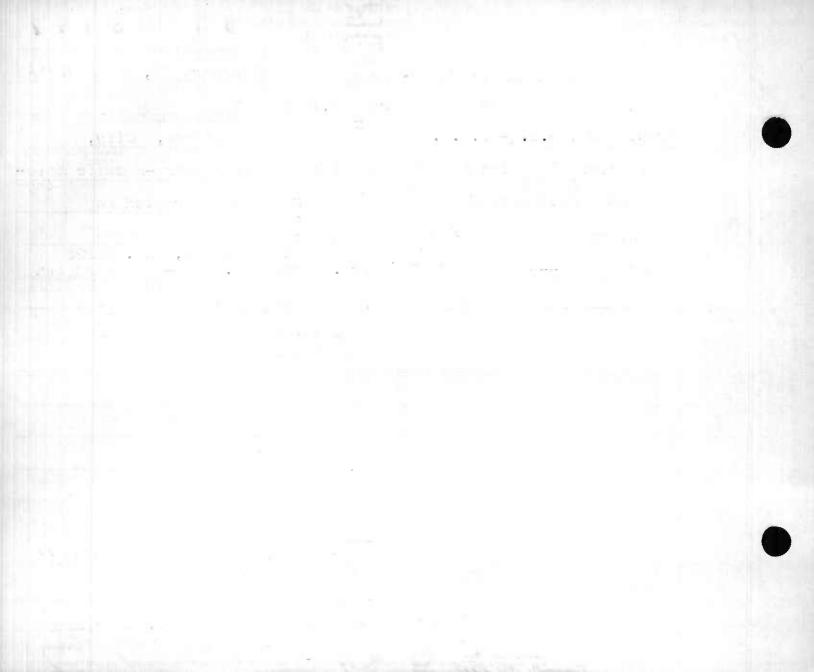




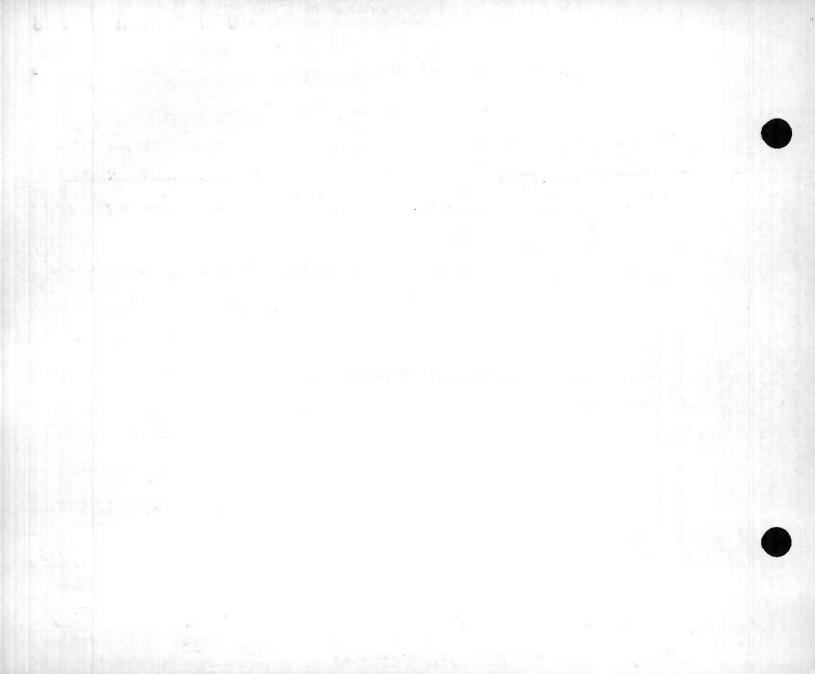
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 2a DATE OF DEATH MONTH DAY 7h HOUR (TYPE OR PRINT) ANNIE :00 3 SEX 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH VEAR MONTHS DAYS HOURS 18. BIRTHPLACE ISTATE OF FOREIGN 16 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED WIDOWED DIVORCED IL GITY OR LOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR 17a USUAL OCCUPATION NOT IN SUCH FACILITY, GIVE STREET ADDRESS THE OF WORK FOR MOST OF WORKING LIFE INDUSTRY -123 USUAL-RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 CITY OR TOWN 136 COUNTY 13d. INSIDE GITY LIMITS? 13a. STREET ADDRESS YES I NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST LAST In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY MUSSIA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) CERTIFICAT 19a DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO F YES [ ental Hygic 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED ö 210 PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) this haspital) attended the deceased from sow the deceased alive on, and that ip (my) (bur) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death 226 SIGNATURE SILVING B. MUNESES M.D. P.A. DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF should be deto with the State [ 10 CHICKORY COURT PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 21057 GLEN ARM, MD. ACCOUNT NO: 8073 230 BURIAL, CREMATION, REMOVAL 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY BY REGISTRAPUS REGISTRAPE SIGNATURE 24-FUNERAL DIRECTOR 25a. DATE REC'D DHMH-16 20M (VRA 15, 4) 7/7B



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN FIRST DECEASED NAME MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-LUCILLE DEATH MATED HOURS STREET, 80 FOSTER 4. RACE DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. YEAR IF UNDER 24 HRS. DATE deHCOR PRONOUNCED 22. 19 45YRS DEAD 190 80 female. white May Ta. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) irginia U.S.A. WIDOWED DIVORCED Baltimore City II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 1726. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore 1700 Meridene Drive apt. Housewife Home USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 700 Meridene Drive Maryland YES KIX NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST OF VIT Lowell Hasher Bertha M. Bourne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS DIVISION ( 223-40-8758 Andrew H. Foster1700 Meridene Road No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, O PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OF YES | NO X VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT COUPRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME. II LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK WHILE COUNTY 22a. I certify that I taak charge of the remains described above, held an Autapsy MARYLAND death resulted fram: Notural causes Hamicide Undetermined manner TITLE (SPECIFY) ۵ ACTUAL PAGE A SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA DATE Assistant MEDICAL EXAMINER 2-19=80 SIGNATURE SIGNED Margarita A. Korell, M.D. 111 Penn Street EXAMINER'S NAME TYPE OR PRINT ADDRESS 236 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Beaver Dam Bapt. Church Burial Fluvanna Co Virginia 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** William E. Johnson 8521 Loch Raven Blvd. VR A15 ME (5)) 15M 7/77

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March F/H 1101 E. North Avenue

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24. FUNERAL DIRECTOR

DHMH - 16 50M 1/76

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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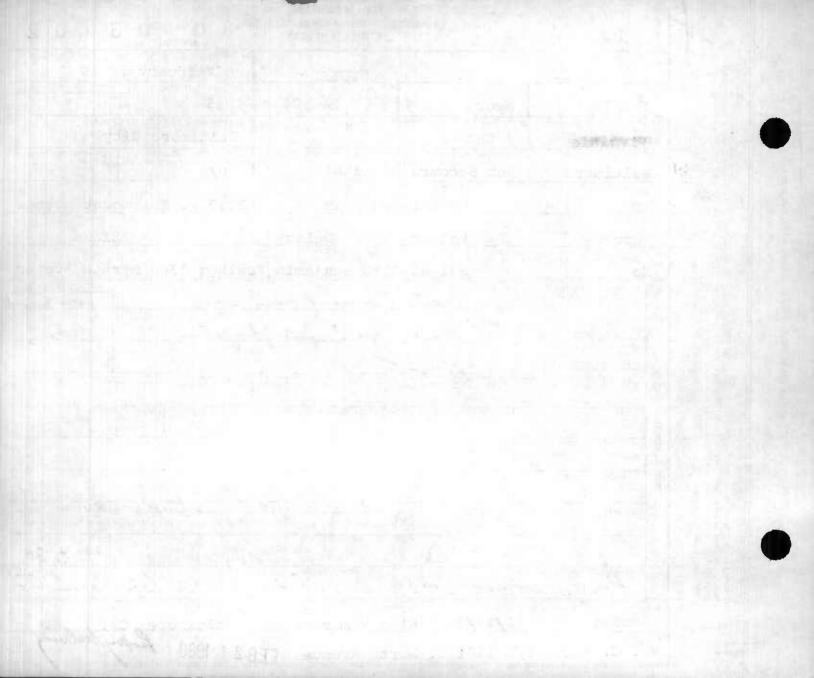
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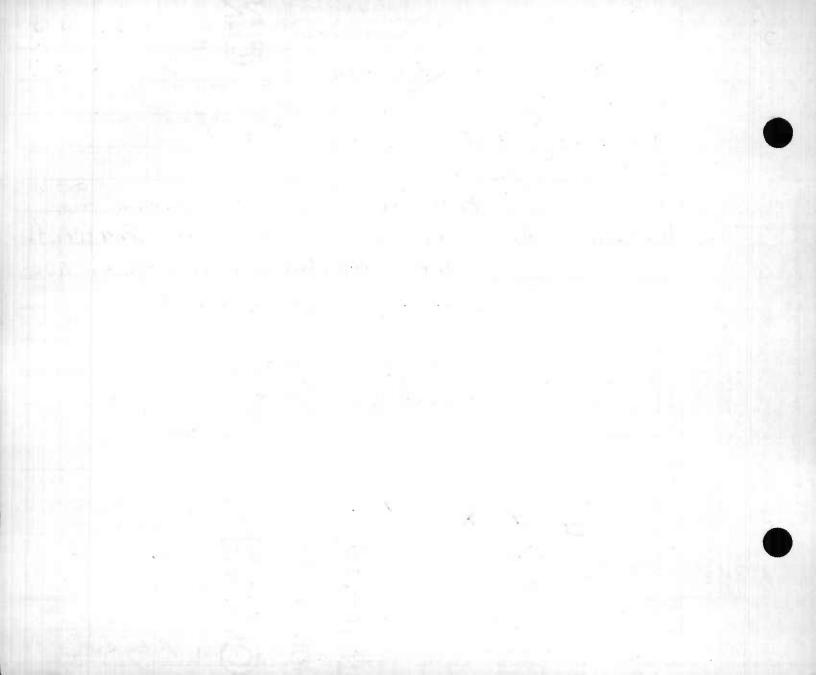
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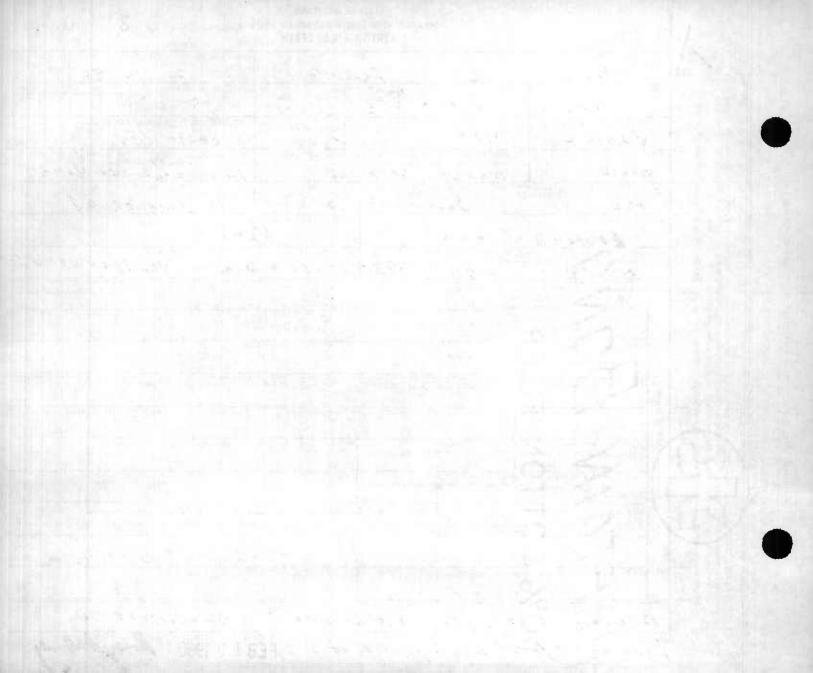
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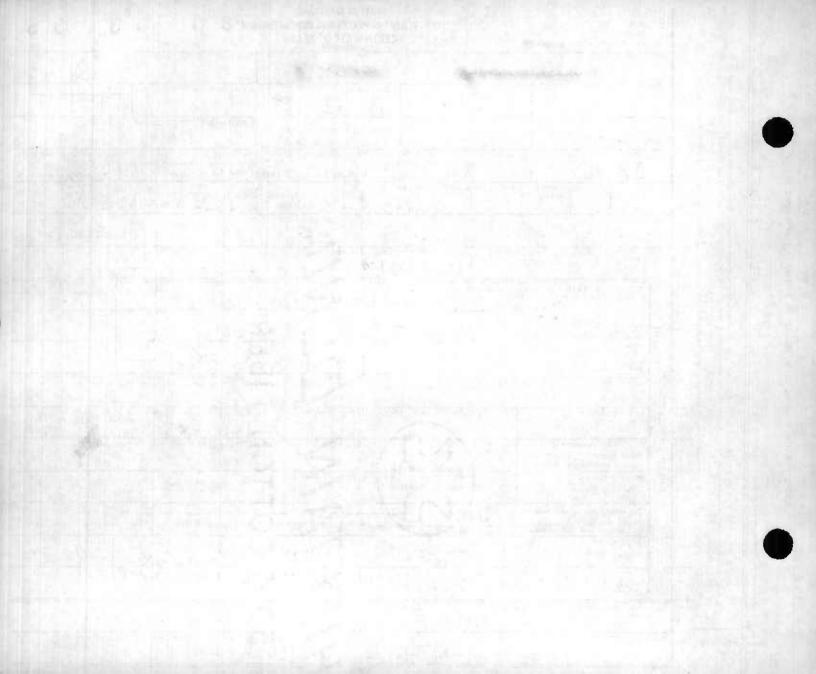
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RDS, 201 equires the signed Then plex to buried injury, or	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE OR CONDIT	TION GIVEN IN PART 1(a	))
he law re on. has beer t permit iene prior	CERTIFICATION	19g DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFO		AUTOPSY?	Ob. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED OF DEATH?
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IVISION  JG PHYS  after this c  ss the bur  h and Me  riked ar li	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)  21f. LOCATR STREET	ON	CITY OR TOWN	COUNTY	STATE
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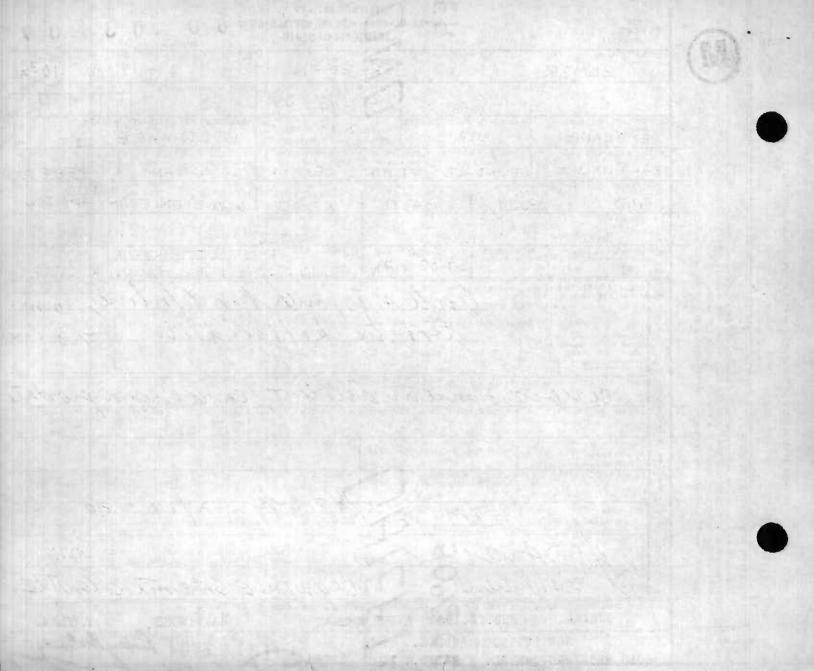
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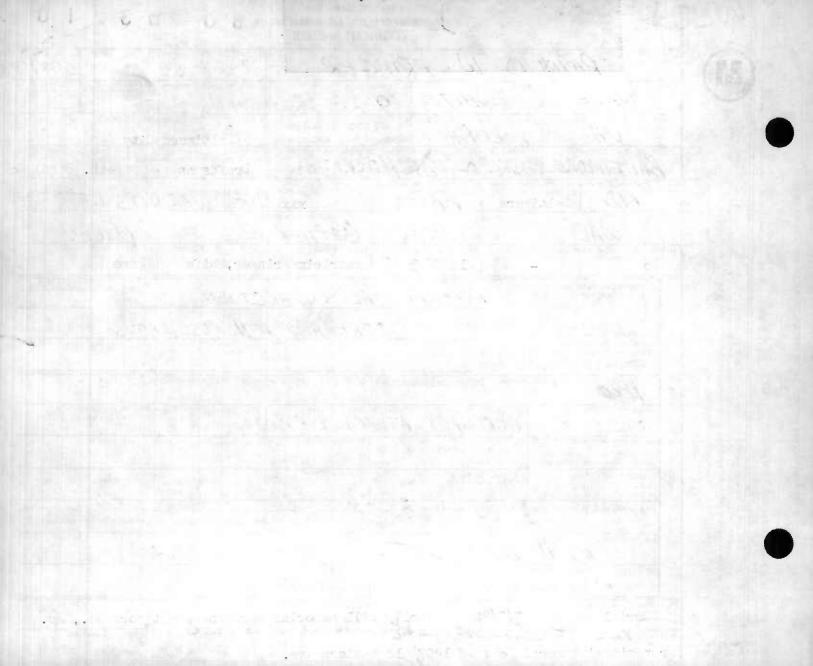
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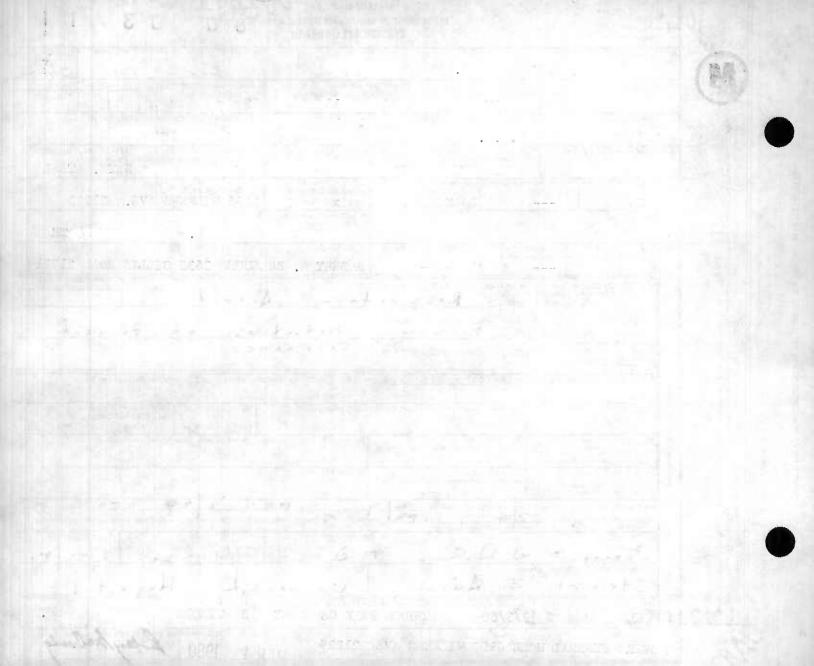
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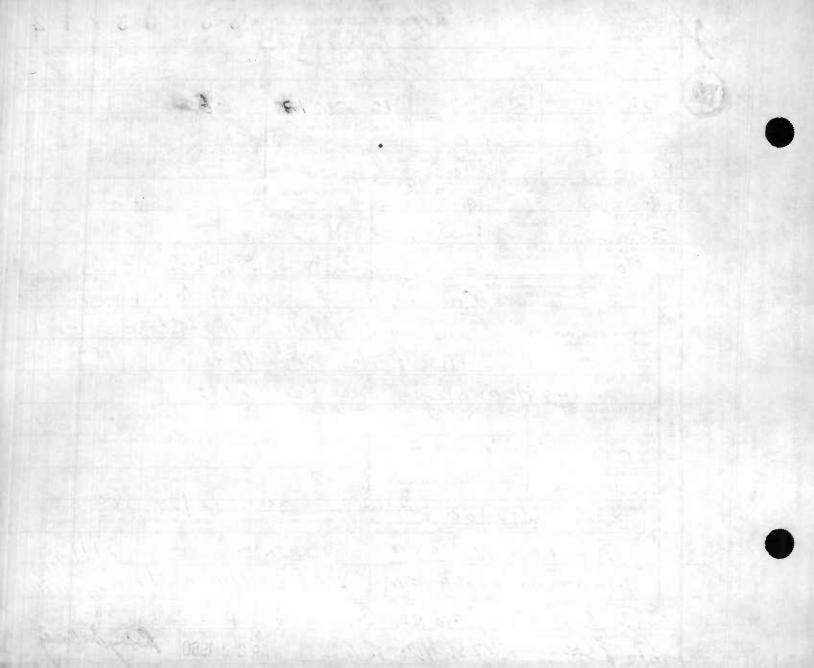


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1/		STATE OF MARYLAND	
2/	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.
	PECEASED NAME FRST	+ Fulshar	24 DATE OF DEATH MONTH DAY YEAR 28 HOUR 25
3.5	ex male	RACE S DATE OF BIRTH MONTH DAY YEAR  10 20 13	6. AGE (INYEARS LAST BRITHDAY) FUNDER 1 YEAR FUNDER 24 HPS MONTHS DAYS HOURS MIN
7e 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	TO CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
within on on one	CITY OR TOWN OF DEATH	WIDOWED   DIVORCED	120 USUAL OCCUPATION 120 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
	UAL RESIDENCE (IF NURSING HOME OR STATE	Lafayette Source Nursing Got OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 138. CITY OR TOWN 138. INSIDE CITY LIMITS?	130 STREET ADDRESS
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and 2 and 2 dical	Tolamod	Hoose twister Marin	MODIE LAST
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ysic pers oval ever	PART I. DEATH WAS CAUSED	y one cause per line far (a), (b), and (c), 1  B BY  E CAUSE (a) CATCL NOME of CL	ng Cacheria Reprovate Mental Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprovate Reprova
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use as use as Health	22a I certify that (I) (this haspit	al) attended the deceased from 2 12 19 8	death occurred an the date and hour and from the causes stoted
	above, (I) (we) (did) (did not 22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF 271 SC
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	FUNESAL DIRECTOR	3/6/1980 Mt. Culiny 6	E REC'D. BY REGISTRAR 25B, REG R 3-3 SIGNATURE
HMH-16 25M RA 15, 4) 1/79	En & Com	2 17/2 WORES Work A IN	AR 2 0-1980



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH YEAR 26. HOUR TYPE OR PRINTS OF ESTI-1980 FUNDERBURK HERMAN 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF LINDER 1 YR IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED Male 0600 Negro DEAD 16 25 54 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? FOREIGN COLINTRY Baltimore South Carolina WIDOWED DIVORCED D CITY OR TOWN OF DEATH 126. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS (IF NOT IN SUMMITACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore BE SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13b COUNTY 13r CITY OR TOWN Maryland YES XX NO 2509 Sycamore Avenue Baltimore FORM PM 3. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Roland Funderburk Davis Annie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES 250-34-0547 Mildred Funderburk 2509 Sycamore 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY von monoxide IMMEDIATE CAUSE (a) DUE TO OR AS A CONSEQUENCE OF Canditions, if any, which agration gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) IFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] BE TWENT CERTI 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEA UNDERLYING SOR 0 MEDICAL 3 SHUDEPART CONTRIBUTING CAUSE OF DEATH aloom 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOGATION STREET, FACJORY, FARM, ETC. AT WORK AT WORK 22a. I certify that I took charge of the remains described above, helden Autopsy Inspection and in my apinian DIRECTOR: Homicide death resulted fram: Natural causes Accident Suicide Undetermined manner ICLE (SPECIFY) EXECUTE THE CASECUTE THE CASECUTE THE CASECUTE THE CASECUTE TO FUNERAL DATES DEATH, BALTIMORE, MA DATE SIGNED EXAMINER'S NAMET. CROSSAN O'DONOV AN 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 2/6/1980 Mt. Calvary Cemetery Baltimore. Maryland BP. 24. FUNERAL DIRECTOR **DHMH-17** C. March F/H 1101 East North Ave (VR A15 ME (5)) 15M 7/77

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23	O. BURIAL	CREMATION, REMOVA	AL 23b. DAT	E	23c. N/	AME OF CEM	ETERY OR	CREMATO	ORY		CATION		CO	UNTY	ST	ATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 2R. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) Nancy Gager 980 Land February 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) # UNDER I YEAR IF UNDER 24 HRS MONTH YEAR MONTHS DAYS HOURS Female White 6/4/1931 48 IR. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Wash., D.C. U.S.A. WIDOWED Baltimore City IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12m USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Self-Employed The Johns Hopkins Hospital Writer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY Gaithersburges 13e STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 9 Bethany Ct. Maryland Howard 20760 NO X IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Charles Tyler Gager Grace 17 INFORMANT Robert T. Garger 20972 Saratoga 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) 577.44.4097 Hills Rd. Saratoga, Calif. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY Zhoul IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h IF YES, WERE FINDINGS USED 190 DATE OF OFERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? NOL NO T YES [ 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71R PLACE OF INJURY 211 LOCATION 71d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 220 1 certify that this hospital attended the deceased from M Willams saw the deceased alive on tobulary and that in-(my) (our) opinion death occurred on the date and hour and from the causes stated (87) obove, (the (we) (did) this not) view the body after death 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT DIRECTOR PHYSICIAN PHYSICIAN FUNER Id be d 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 77# ADDRESS shoul 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23r. BURIAL, CREMATION, REMOVAL 236. DATE Cremation CITY OR TOWN 2/4/1980 Loudon Pk. Cem. Baltimore Md 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 25M Walter Brooks Bradley Inc. Balto., Md. (VRA 15, 4) 1/79

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

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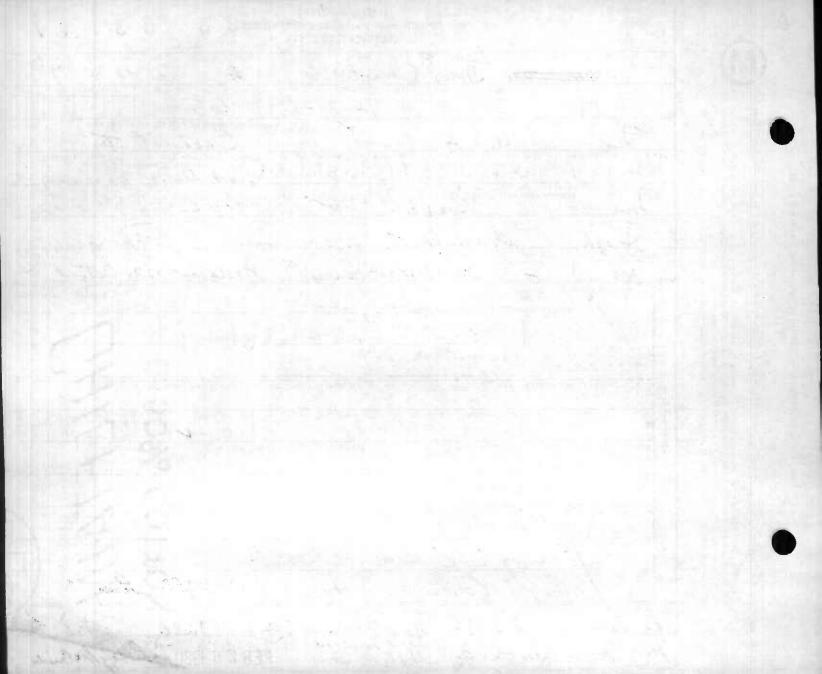
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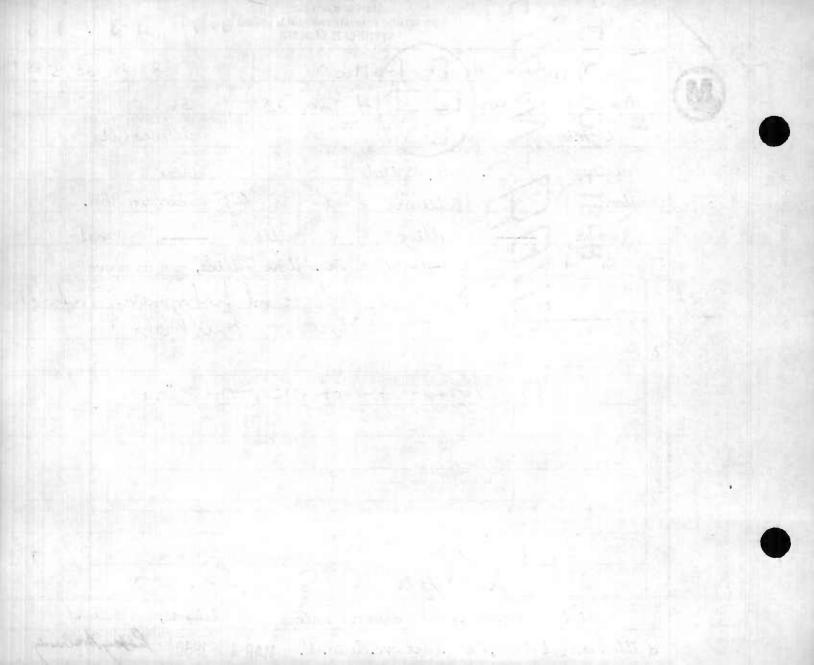
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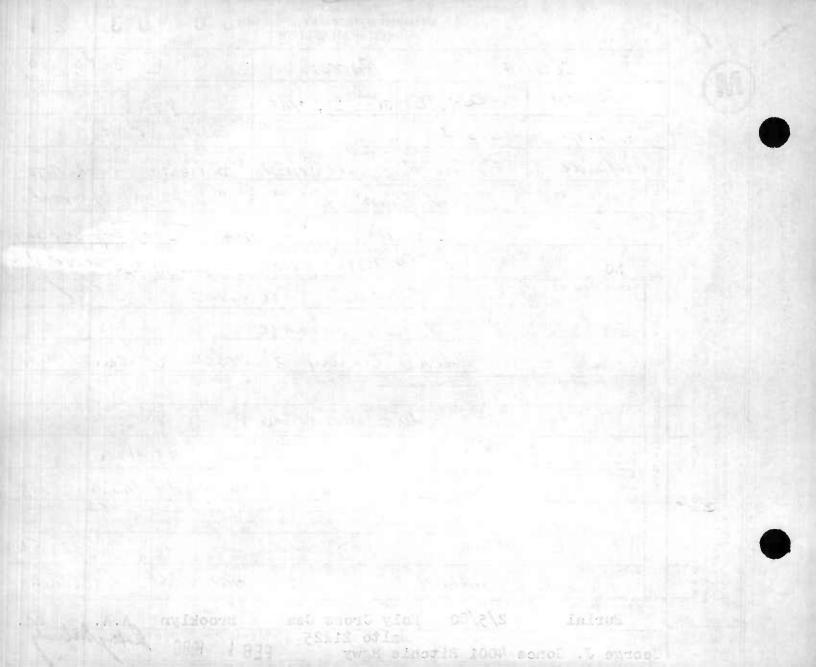


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR 210 (TYPE OR PRINT) Cecilla 2 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH IF UNDER LYFAR MONTH 1882 June BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED 4.S.A Baltimer city Russia DIVORCED [ 12n USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore DOMESTIC USUAL RESIDENCE LIF NURSING HOME OR OMER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS Baltimore 14 FATHER'S NAME ALIDOLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR GATES) Marie Garreis same as 13e NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF rain Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? (malone NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL 197 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION ä 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 1606 Home AT WORK 22a.1 certify that (1) (this haspital) attended the deceased fram 19 80 2 saw the deceased alive an. , and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE DEGREE Hasan ATTENDING MEDICAL STAFF should be deta with the State [ DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 80018. Hanwesst. HASAI 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 2/5/80 Burial Holy Cross Cem Brooklyn Md. BP Balto 21225 25a. DATE REC'D. BY REGISTRAR 15h. REGIST 24 FUNERAL DIRECTOR DHMH - 16 50M 1/76 1980 (VR A 15 (4)) George J. Gonce 4001 Ritchie Hgwy

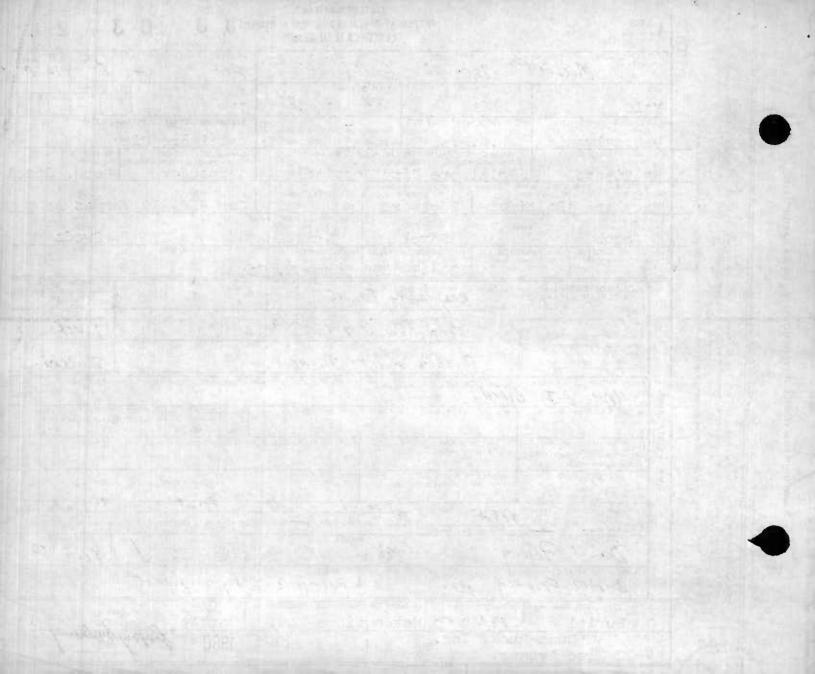


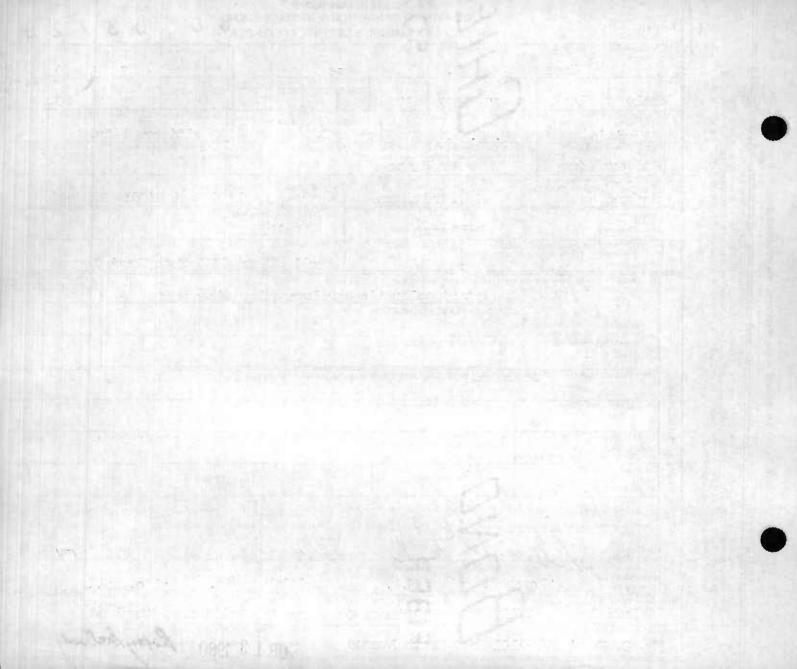
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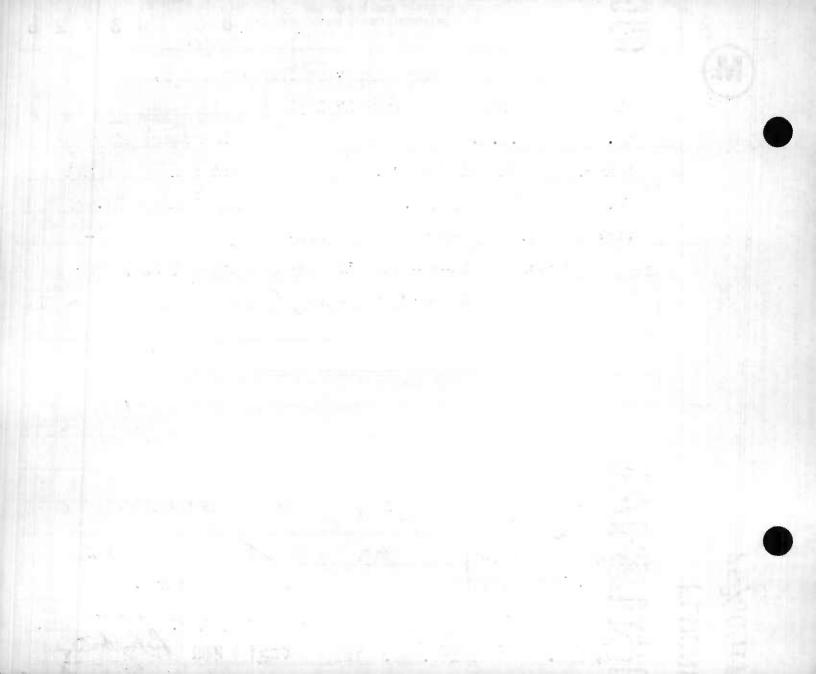
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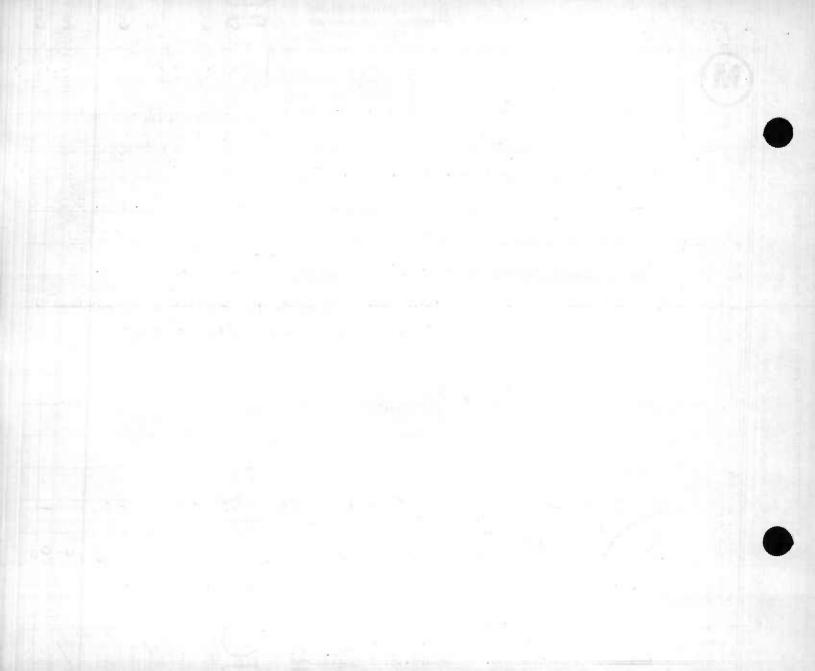




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FOR

REGISTRAR

- STATE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENER

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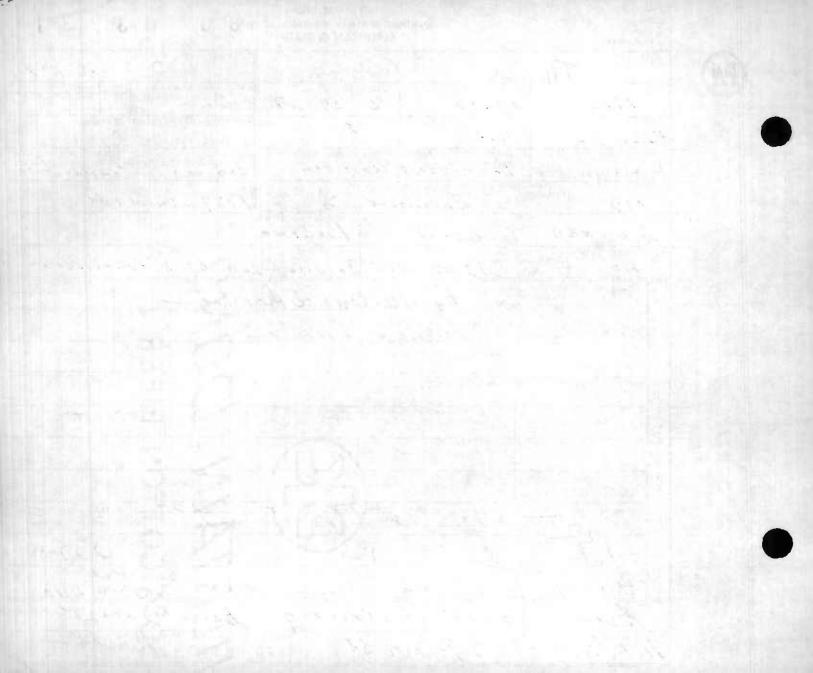
HOURS

17h KIND OF BUSINESS OR

INDUSTRY CONSTRUCTION

IF LINDER 24 HDS

CERTIFICATE OF DEATH



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SICIAN: T	vertificate ha transit perm tal Hygiene Item 18 sho		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		Y YEAR 216 HOW INJURY OCCL	JRRED JENTER NATURE OF INJURY IN ITE	YES NO MIS, PART I OR PART 2)
NOIS PHY G PHY	ttending physician.  After this certificate is the burial-transit p th and Mental Hygie marked or Item 18 s	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	19 211 LOCATION	CITY OR TOWN	COUNTY STATE
EN	or a Lise a Heal Heal 11 is		WHILE AT WORK AT WORK  220 1 certify that the this haspi	tal) attended the deceased from	9/4 1958		, 19, that (H (we) lost
C SHOULD AND THE	the hospital AL DIRECT etached for u ste Dept. of I	la i	above, the (we) (did) (did) oo	t) view the Body after death.	DEGREE  Jack ATTENDING	∠ MEDICAL STAFF	224 DATE SIGNED
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FOR

I. DECEASED NAME

REGISTRAR

- STATE

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S. CERTIFICATE OF DEATH REG. NO MIDDLE 20. DATE OF DEATH MONTH 26. HOUR GILLIARD 1980 5:40A 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR DAYS HOURS 0.3 1910 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED A NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOSPITES 13e STREET ADDRESS 3318 SUMTER AVE NO [ 15 MOTHER'S MAIDEN NAME Hattie B. Gaither LAST ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT 3318 Sumter Ave. 01 3996 Mattie L. Epes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GASTROENTERURK SA CONSEQUENCE OF RENDL FAILURE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 19 21f LOCATION CITY OR TOWN COUNTY

HOUR A.M. MONTH DAY YEAR

JARY

and that in (my) ( opinion death occurred on the date and hour and from the causes stated

DEGREE 22c. DATE SIGNED

ATTENDING \ MEDICAL STAFF MUD PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS BALTO MD 21215 CANE

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY)Burial 3/3/80 Arbutus

250. DATE REC'D. BY REGISTRAR USE NEWSTRAR'S SIGNATURE James A. Morton & Sons 1701 Laurens

DHMH-16 50M 7/77 (VRA 15(4))

STATE

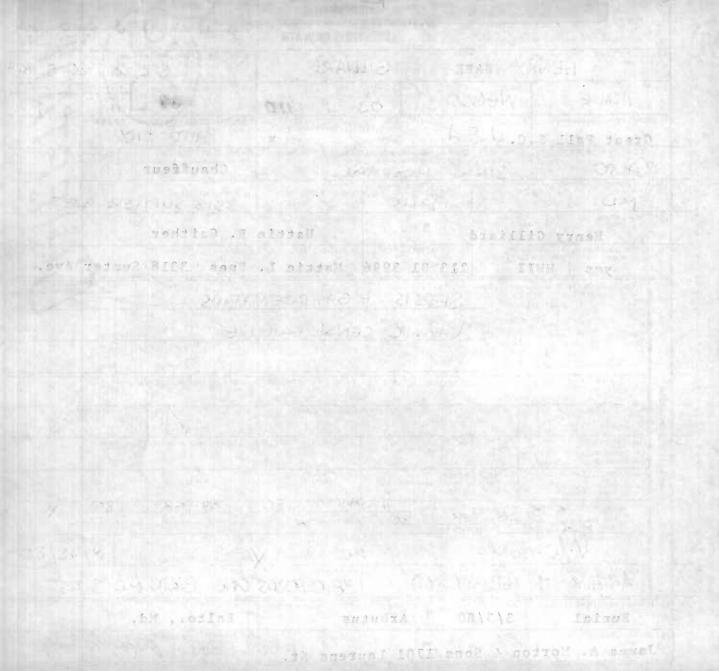
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STATE

24 FUNERAL DIRECTOR



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urs		Male	white	Sej	ot 8, 1914	65	YRS.
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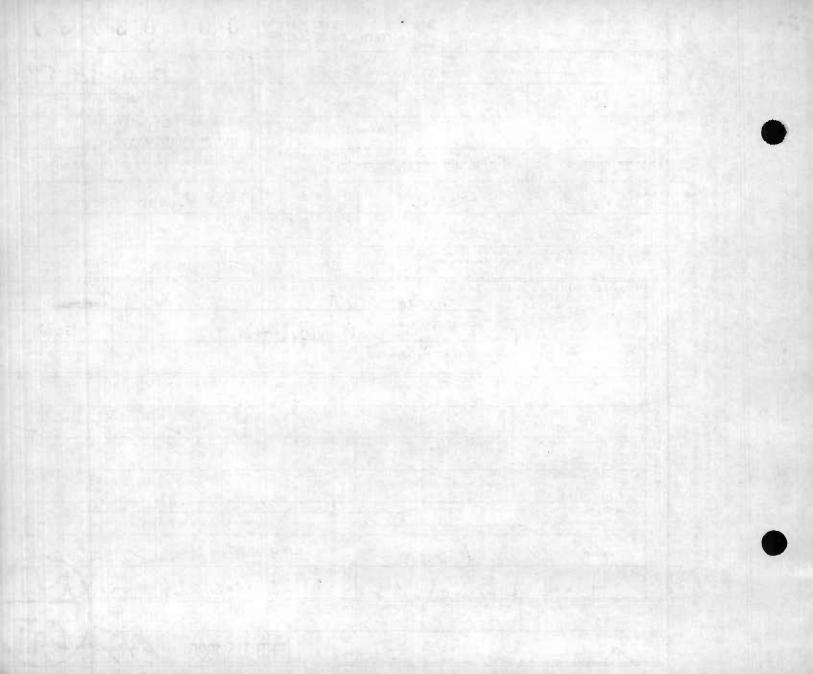
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/	1-	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY	GIENES 0 0 3	139
61	DEC	REGISTRAR TEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	YEAR 26 HOUR
1		PETER	Gl	LADDEN	2 11	80 507
1	3 SEX	Male	4 RACE B	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF U	NDER YEAR IF UNDER 24 HR HS DAYS HOURS MIN
177	cc	RTHPLACE (STATE OR FOREIGN S.C.	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED M NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF BALTIMORE CITY	,
14		LTIMORE	UNION HAE WORLD	ADDRESS TTAL		126 KIND OF BUSINESS C INDUSTRY
55	USU A 130. S	L RESIDENCE (IF NURSING HOME OF TATE Md.	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION) VN 13d. IN SIDE CITY LIMITS? YES A NO	13e STREET ADDRESS 43rd S	treet
00	4 FA	THER'S NAME  Hampton	Gladden Gladden	IS MOTHER'S MAIDEN N. Alice	MIDDLE Saylor	LAST
the medicol	6a W	AS DECEASED EVER IN U.S. AR ES NO OR UNKNOWN) (# YES, GIVE Yes		urity no.   17 Informant 3-834   Elizabet	n Gladden 911 4	3rd St.
injury, ar ather traum	NOI	Conditions, if ony, which gave rise to immediate cause ioi, stating the underlying cause lost  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	andral infanct	MINAL DISEASE OR CONDITION GIVEN	1 (30/60 N PART 110
2 yours	CERTIFICATION	198 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	ERE FINDINGS USED G CAUSES OF DEATH? NO []
_	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, PART T	ORPART 2)
	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,			COUNTY STATE
ž.			tal) attended the deseased from	1/30 19 86	10 19	that (I) (we) la
n 21 is marked			7/11		death accurred on the date and haur an	d fram the causes stated
T: If frem 21 is	Cart I	sow the deceased alive an abave, (I) (we) (did) (did no 27b. SIGNATURE	1) view the body ofter death  Marsh M. M. M. M. M. M. M. M. M. M. M. M. M.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	, mar (i) (we) ic
tem 21 is		sow the deceased alive an abave, (I) (we) (did) (did no	1) view the body ofter death  Marsh M. M. M. M. M. M. M. M. M. M. M. M. M.	DEGREE ATTENDING	_ MEDICAL _ STAFF	d fram the causes stated



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no p	3 SE		4 RACE		5. DATE O			AGE (IN YEARS LAST BIRTHDA		
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+ 0		VAS DECEASED EVER IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMANT		ADDRESS		
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BALTIMORE ate be executed to be be executed to be secuted		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (a), (b	), and (c)	` /			AP BETV	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir ottending physician. ther this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b arked or them 18 shows any injury	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WI	HICH OPERATION	N WAS PERFORMED		20a AUTOPSY? 2	Ob IF YES, WERE FIL MCERTIFYING CAU YES	NDINGS USED JSES OF DEATH? NO
VIT. 1 In hysical constraints of the shapes	Ü	21a. ACCIDENT WAS UNDERLYING	216. TIME C		DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18, PART I OR PAR	T 2}
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PHY endir this in buy and My dor	MEDICAL	21d INJURY OCCURRED	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
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V	H	UBBARD FUNERAL	HUME, I	NC. 410	)/ WILKE	NS AVE.	1 40	2 2 1980	1	-000

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	1	75	1972		CEASED NAME FIRST	MIDDLE	ī	AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
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BALT	13	ysicia pers. oval.	even		18 CAUSE OF DEATH (Enter o	inly one couse per line for (a), (t	o', and ic'.				APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
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I W. PRESTON S	es that	byc.	ō		cause (a), stating the underlying couse lost.	DUE TO, OR AS A CON	EQUENCE OF	ton arrest	athome = p	arents	40	52
5, 20	aduir	pla bu	injury,	١.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	N PART 10	a '
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AL RECO	N: The l	ter this certificate has be burial transit permit. and Mental Hygiene pri	Shows	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	
¥	0 D	tiffice ansit Hyg	1 m 2	G	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1	OR PART 2)	
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	e hospit	Der Seg	=	37	226. SIGNATURE	NA		DEGREE ATTENDING	MEDICAL STA	Resident	22c. DATE	SIGNED
4,12	TAL y the	RAL detac	Z		Barry Le	ven!	1)	PHYSICIAN [	DIRECTOR PHYSI	IAN 🗆	2/	1050
	O HOSP etained b	TO FUNERAL should be detac with the State [	MPORTANT		BARRY C	anyaw		Johns	Hopkin	o Hos	pita	1
	T er	F & 3	=	23a I	URIAL, CREMATION, REMOVA	L 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	cou	NTY	\$TATE
	BP.	_	-	CA	emation .	2-22-80	Westi	New Genatel				Md
		MH-16 2 A 15, 4)		24 F	INERAL DIRECTOR HAR SOSTY	ANNAR /	is Md	21401 FE	B 2 2 1980	Jistry .	XC	URE

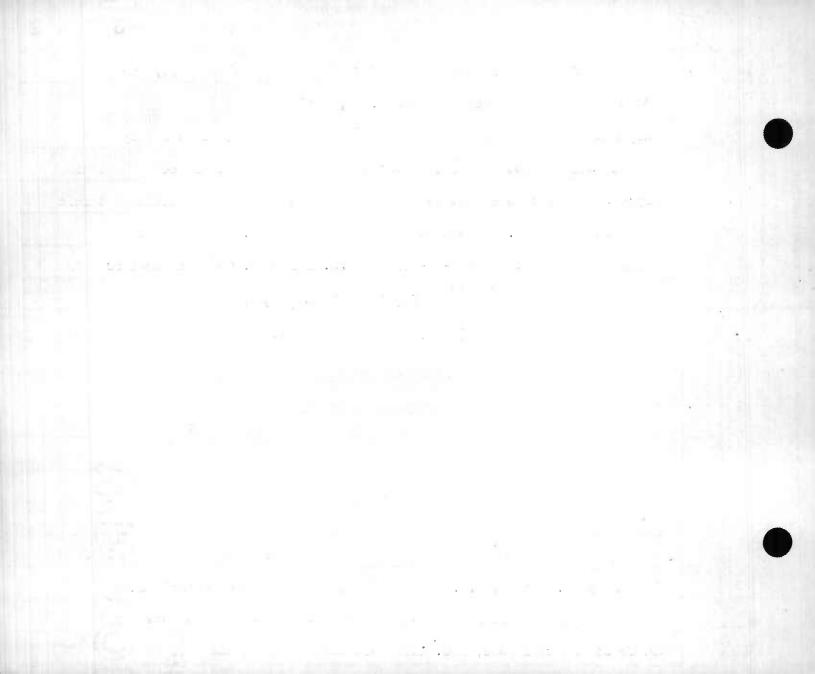
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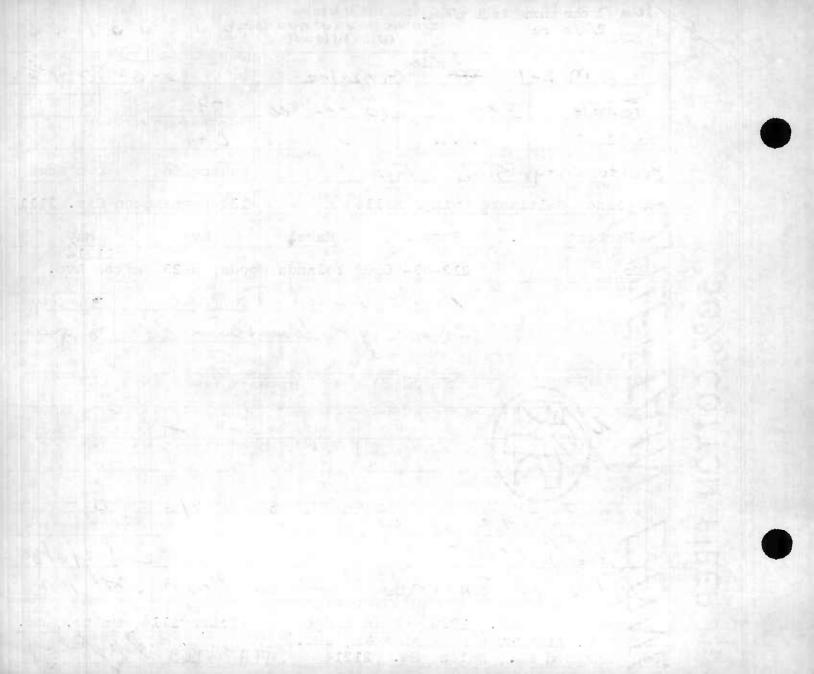
1		FOR STATE REGISTRAR				CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	0	O REG. NO		3	1	4	2
		CEASED NAME ORPRINT)	JOSEI		ORGE	GOLDE	BECK	William I	ruary		.980	YEAR	2b. HOU	JR
	3 SEX			4 RACE		5. DATE C		AGE (IN	YEARS LAST BIRTI	HDAY)	IF UNDER	R I YEAR	# UNDER	24 HRS
		Male		Whi		Jan.	13, 1921 EAR		59	YRS			HOURS	MIN
5	76 BII	RTHPLACE (STATE OR FO OUNTRY) Maryland	OREIGN	TE CITIZEN OF	WHAT COUNTRY?	MARRIE	DIVORCED D		o <b>rec</b> ity <u>o</u> altimo	_		ATH		MD.
5	10 CI	TY OR TOWN OF DEA Baltimor		Good S	OSPITAL, NURSIN H FACILITY, GIVE STREET AMARICAN	G HOME C	OR OTHER INSTITUTION	Trus	OCCUPATH	ON F WORKING LI CET	FE) 12h.	KIND O USTRY Bank	ing	
>	130 S	AL RESIDENCE (IF NURS STATE laryland	NG HOME ON 136 COUN Bal	other institution. ITY .timore	GIVE RESIDENCE BEFORE 134. CITY OR TOW TOWSON	ADMISSION)	131 INSIDE CITY LIMITS?	13. STREET	address 8 Chat	terle	igh	Cir	cle	
0	14. FA	THER'S NAME FIRST John	, ,	F.	Gol <b>ö</b> beck	ζ	IS. MOTHER'S MAIDEN NAME Eva	M.	MIDDLE Er	hardt		LAST		
2	Ióa V (Y	VAS DECEASED EVER VES, NO OR UNKNOWN) Yes		MED FORCES? WAR OR DATES)	215-16-9		Mrs. Thelma	P. G	ADDRE oldbec		ne as	s #	13	
	CERTIFICATION	Conditions, if any, gove rise to imm cause 101, statin underlying couse  PART 2 OTHER SIGN  199 DATE OF OPERA	which nediate g the last.	DUE TO, OI		ENCE OF	NOT RELATED TO THE TERM	INAL DISEA		DITION GIV				4
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		270. I certify that (I) sow the decease above, (I) (we) (c) 27b. SIGNATURE	(this haspited alive an.		19		. 19			te and hou	220		GIGNED	,
		22d PHYSICIAN THA		rely,	D.O.		220 ADDRESS Greater Balt			al Ce	nter	c		
	24. FL	BURIAL, CREMATION, SPECIFY) Buri  UNERAL DIRECTOR	al	23b. DATE 2/18	/80 Ho	oly Re			Balti REGISTRAR	SA RECHET		HOME AT	d ape	ATE

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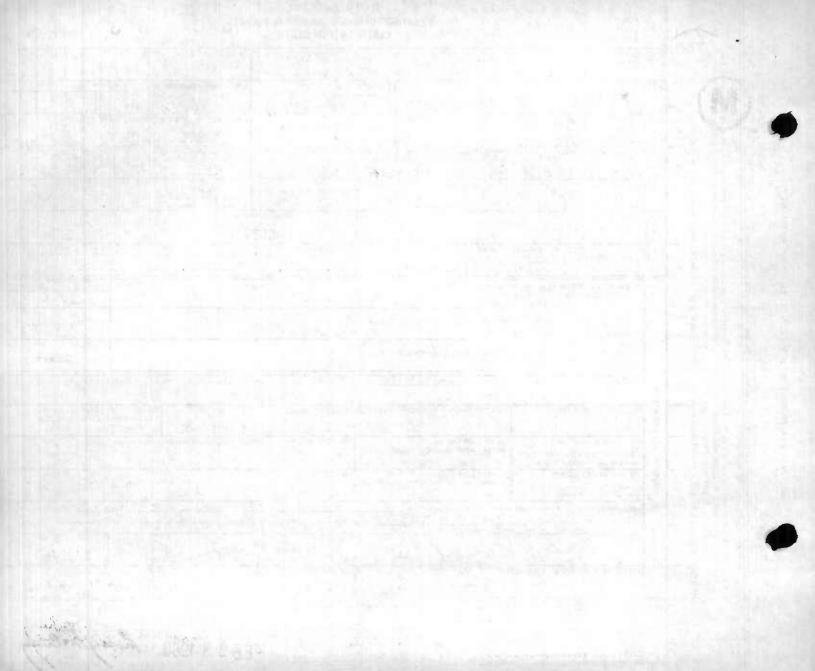
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M &	1		TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 0 0 ;	3 7 4 3
(IVI)			LAST	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
m 4 0	(TYP)	ORPRINTI Mabel EVA GOOD	20/02	2-1-	· 80 1020
And Sp	3 SE	4 RACE 5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
oge 4	L	Female Car. 12	- 12 - 00	79 YRS	ONTHS DAYS HOURS MIN
merol d	0	RTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	OF DEATH MD.
within within	10 C	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME (  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR
by th		alto. City Sinai Hosp		Housewife	Own Home
10 212	136.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TATE  TYPIAND  Baltimore  Dwings  Mill	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 139 Fennington	n Cir 21117
RYLAND within 24 etely filled 12 should		THER'S NAME	YES NO 15. MOTHER'S MAIDEN NA		11 011. 2111/
MARY maplete ond 2		Herbert G. Stover	Mabel	Eva	May
MORE,		(AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (15 YES, GIVE WAR OR DATES)	17 INFORMANT	ADDRESS	21214
F 49 55 5		No 213-03-6050	D Yolanda W	loods, 59 <b>2</b> 3 Sef	
Trificate physical appropriate propagation on proper emoval.	R	18 CAUSE OF DEATH (Enter only one couse per line to, 101, (b), one ic PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b)	Renal (	Failen	BETWEEN ONSET AND DEATH  3 days
PRESTON S he death cer ne attending emove carbo matton, or re		1830 DUE TO, OR AS A BONSEOUENCE OF	18 - damo	Lin	8 years
. + + - 0 0		gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE O	masine		1 3
201 W. I		underlying couse lost (c)			
	N	PART 2 OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(o
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of of the this certificate has been signed that this certificate has been signed that and Mental Hygiene prior to be orked or Item 18 shows any injury	CERTIFICATION	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
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DF VITA  THICOTE H-tronsition 18 sh		216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR		RRED JENTER NATURE OF INJURY IN ITEM 18, PAR	RT I OR PART 2)
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ADIN LOSE o Lose o Lecuth		22a.1 certify that (I) (this hospital) attachded the deceased from	15 , 19 80	, 10	9 that (I) (we) lost
ATTER Sprito CTO H form of H		sow the deceased alive on	nd that in (my) (our) opinion	death occurred on the date and hour	ond from the couses stated
OR A he how be bothed oched		The SIGNATURE Affecto	DEGREE ATTENDING	MEDICAL STAFF /	22c. DATE SIGNED
T AL T	-	22d. PAYSJCIAN'S NAME (TYPE OR PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	12/6/80
TO HOSPIT. TO FUNER. should be dwith the Sto		Victor M. SAlcedo	Sina	i Hosp. B	alt. mp.
75 F * * *	23a	PEC(FY)	CEMETERY OR CREMATORY	CITY OR TOWN	OUNTY STATE
1042 BP	_		Ridge	Pikesville,	
DHMH - 16 50M 1/76 (VR A 15 (4))		BERT LER ALTENBURG FUNERAL HOM	IE, INC.	TE REC'D. BY REGISTRAR 25b. REGISTR.	AR'S SIGNATURE
(10013/2))	6	009 Harford Rd., Balto, Md. 2	1214	EB 7 1980	

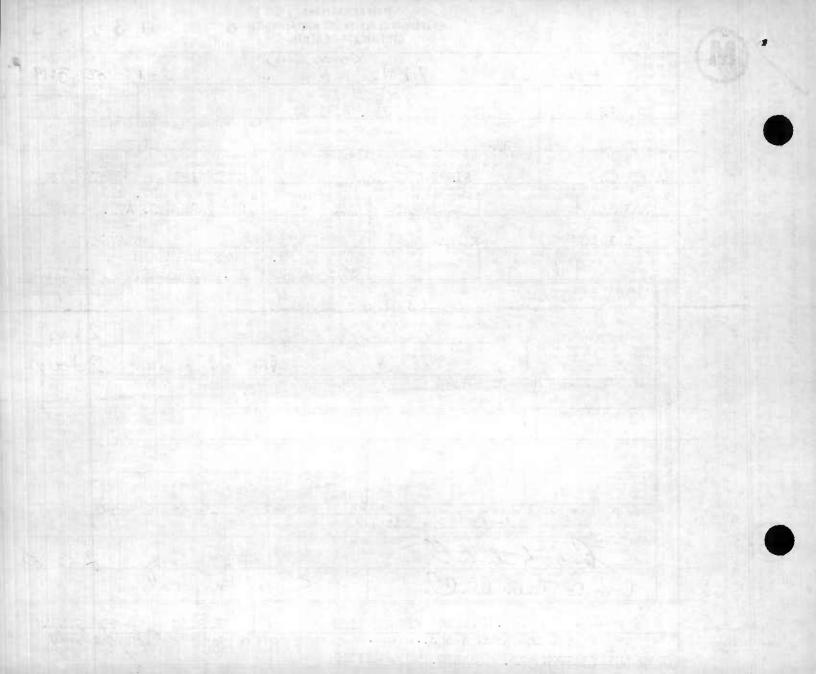


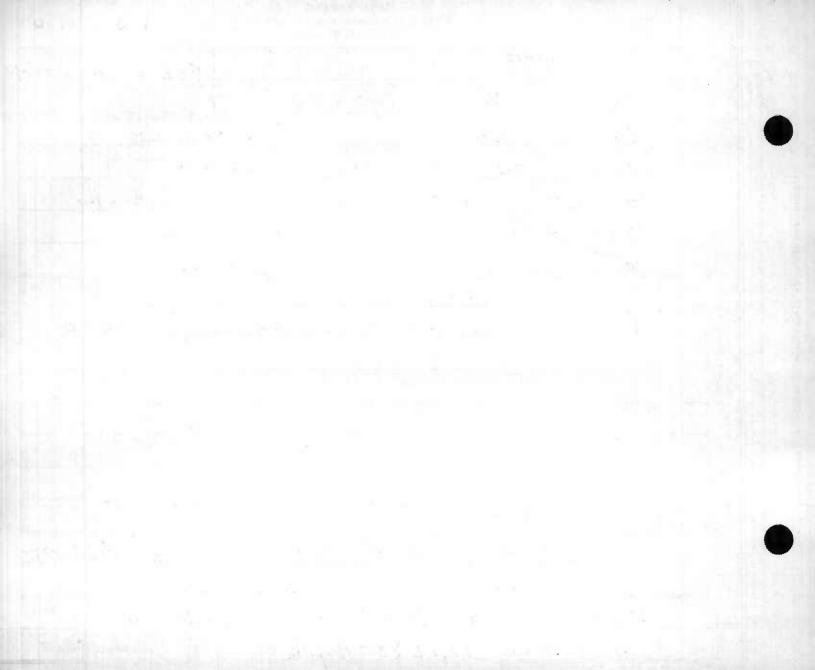
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST GORDON DECEASED NAME **JOSEPH** 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) SEMH C-OKDIN 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR AUCASTAN To BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED NEW YORK USA BALTIMORE CITY WIDOWED 7 DIVORCED [ CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 BIND PATUSTOFS OR (TYPE OF WORK FOR MOST OF WORKING LIFE DIRECTOR HEALTH INFO. BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING III E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS plac MARYLAND BALTIMORE 2713 GEARTNER RD. YES-XX #21209 NO P 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MELTZER JULIUS GORDON MOLLIE 0 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 3011 ROMARIC 16h SOCIAL SECURITY NO STEPHENAPGORDON (YES, NO OR UNKNOWN) Ö YES WWII-NAVY 215-38-4256 CT., APT. I BALTO., MD 21209 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 301 W. PRESTON ST IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF YGARJ Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse 5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION LY multom prior ony 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? shows NO YES NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 -0 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 2/25/80 MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OR PRINT! 22e ADDRESS should be 1AAH HELLHIS AUG SHEEK 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL 23d. LOCATION FEB. 26, 1980 ROSEDALE BALTO. MD POWDATE REC'D. BY REGISTRAR 256 REGISTANT SIGN THE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. DHMH-16 60M 1/73 (VR A 15 (4)) 6010 REISTERSTOWN RD. BALTO., MD 2121



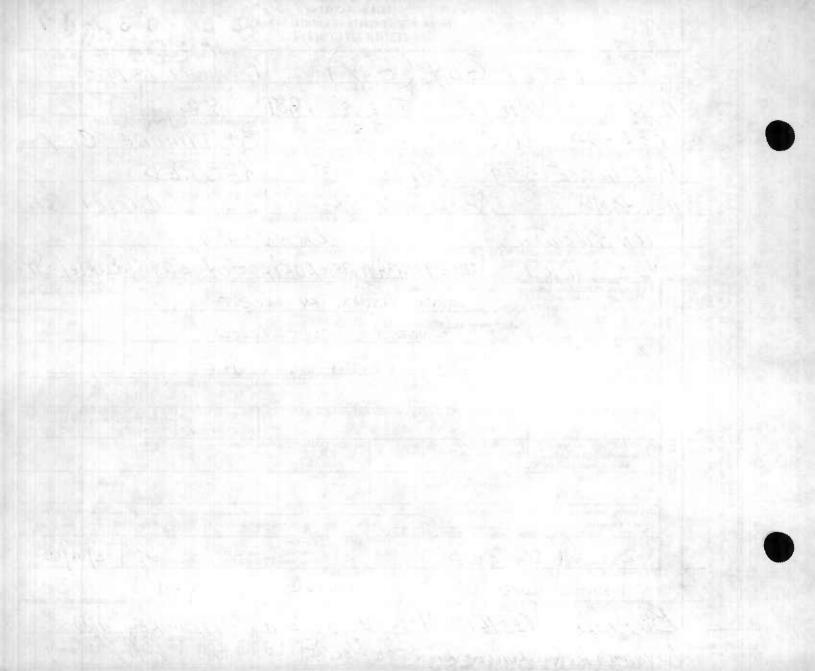
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6010 REISTERSTOWN RD.





				STATE OF MARYLAND		4- nm 4 4 43
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ige 3 leath	(TYPE	EASED NAME PET	TER GOY	(GAY)	FEBRUAR	MONTH DAY YEAR 26. HOUR 13 1980
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State Dept. of		Paymond 1224. PHYSICIAN'S NAME (TYPE O	Place UND	ATTENDING	MEDICAL STAI	F -/ - hallen
O FUN nould the		PAYMOND			u VA Hospi	tal
	L	DAL, CREMATION, BEMOVAL	FEB 16 1980 14	NAME OF CEMPTERY OR CREMAJORY  OSARY EN	234 COCATION	MORE MD STATE
MH-16 25M A 15, 4) 1/79	1	NAME NAME	AT OROLL SALL	1525 FLEET TEE	B 1 5 1980	25b. RECHSTRAR'S SIGNATURE



7			STATE OF MARYLAND	W 45	500 1 (2)
#	FOR STATE	DEPA	RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENIS ()	3/40
L	REGISTRAR			REG. NO.	
	DECEASED NAME FIRST TYPE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	MAR	Y E.	G-RANDY	2	7 80 10 A M
3	SEX	RACE	5. DATE OF BIRTH	6. AGE   IN YEARS LAST BIRTHOAY]	IF UNDER I YEAR IF UNDER 24 HRS
Г		Plank	MONTH DAY YEAR	- 0111	MONTHS DAYS HOURS MIN
1	BIRTHPLACE (STATE OR FOREIGN )	76 CITIZEN OF WHAT COUNTS	12 22 (88)		S. S. S. S. S. S. S. S. S. S. S. S. S. S
1	COUNTRY)	b CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED		NIT OF DEATH
L	Md	USA	WIDOWED DIVORCED	] Baldo Ce	ly MD
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR HE NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
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Ų	SUAL RESIDENCE (IF NURSING HOME OR				
	30 STATE	Alto Bat			-1 0:1
17	FATHER'S NAME	ATTO BUT	15 MOTHER'S MAIDEN N		rel Circle
		IDDLE LAST	FIRST	WIDDLE	LAST
0	Henry		LISA		
7 16	(YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	
\	Ma		Mary E. C	wandy 7801	Carmel Circle
	18 CAUSE OF DEATH (Enter only	vione couse per line for (a). (b)	and ic.	7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Т	PART I. DEATH WAS CAUSED	BY.	CARDIAL ADRE	-57	SETWEEN ONSET AND DEATH
-	IMMEDIATE	CAUSE (o)	Cijevije jiječ		
	7486	DUE TO, OR AS A CONSEC			
	Conditions, if ony, which gove rise to immediate	(b)	MUPULIA		
	couse (o), stoting the	DUE TO, OR AS A CONSEC	DUENCE OF		
	underlying couse lost	((c)	preum ones		
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15	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
)   }	ž l				RTIFYING CAUSES OF DEATH?
$\mathcal{A}$	A ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Tall HOW MINEY OCCU	YES NO	YES NO
17.	OR CONTRIBUTING CALLSE OF DEAT	LUCIUS A LL MONTELL	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2)
/ 13	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19		
1	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f. LOCATION	CITY OR TOWN	COUNTY STATE
1	WHILE NOT WHILE T	CATTOMIC, STREET, PACTORY, OFFI	SE, FARM, ETC.	CITIONIONIO	SIAIE
	220.1 certify that (I) (this hospital	ol) ottended the deceased fro	n 1129 19 8	10 to 2/7	
	sow the deceased alive on_	2/7	V1)	in death occurred on the date and	
	obove, (I) (we) (did) (did not	view the body ofter death.		Transfer of the cond office	
	226. SIGNATURE	6/1	DEGREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
	M	1 Phon	PHYSICIAN		41/80
	22d. PHYSICIAN'S NAME (TYPE OR		22e ADDRESS	17	
	G.F.	BER	MERC	4 MUSP.	
2	0 1		NAME OF CEMETERY OF CREWATORY	23d LOCATION	
1	(SPECIFY)			Ral timore	COUNTY STATE
-		2/11/80			
24	4 FUNERAL DIRECTOR	ADDRESS			STRAR'S SIGNATURE
1		F/H 1101	E. North Ave Fi	B 1 3 1980   A	Many / Ke Creaty
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL FUNERAL DIRECTOR	23b. DATE 2/11/80 ADDRESS	NAME OF CEMETERY OR CREMATORY Baltimore Cem.	23d LOCATION BATTIMORE, ATERECO. BY REGISTRAR 25b. REC	Md.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH I. DECEASED NAME (TYPE OR PRINT) 80 ARRY IF UNDER 24 HRS 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARSLAST BIRTHDAY) IF UNDER 1 YEAR DAYS HOURS CAUCASIAN In BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN MARRIED NEVER MARRIED BALTIMORE, BALTIMORE DIVORCED T WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) INDUSTRY Hasfi DISABLED TIMORE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
134. COUNTY
136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS JAYBEE RAL MD 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) MARGARET E. GRAULING: 21 3-34-6597 BALTO. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (b), (b), ond (c)
PART I, DEATH WAS CAUSED BY 8 0 IMMEDIATE CAUSE (D) OR AS A CONSEQUENCE OF ABCESS 740 PI PELTAL Conditions, if ony, which gove rise to immediate couse (b), stoting DUE TO, OR AS A CONSEQUENCE OF ETON ABUSE YEAR S DISEASE underlying couse lost pleo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG d b CERTIFICATION PESPIRATORY 190 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE INDINGS USED IN CERTIFYING CAUSES OF DEATH? pe HISC ESS NOD YES [ NO T 18 shov the burial-transitional ACCIDENT WAS UNDERLYING 216 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY ial-tre OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY orked or STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 27s.1 certify that (If this haspital) attengled the deceased from that (1) (we) lost and that in (my) (our) apinion death accurred an the date and hour and from the causes stated O FUNERAL DIRECT hould be detached for the State Dept. of 22s. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL + mo PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS 2M PHYSICIAN'S MAME 0 23d. LOCATION 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 236. DATE DUNDA BY REGISTRAR 256 REGISTRAR'S SIGNATURE 250 DATE REC'D. FUNERAL DIRECTOR DHMH - 16 50M 7/77 NAME (VRA 15 (4))

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alth and Mental Hygi morked or Item 18 sh	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TO	OWN COUNTY STATE
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with the State			A WALDEN	BUH		
		BURIAL, CREMATION, REMOVA (SPECIFY)	2/18/80	Oaklawn Cemet	CITY OR TOWN	COUNTY STATE
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	death. Page 4
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be executed within 24 hours after death. Page retained by the haspital or ottending physician.

4.0		STATE REGISTRAR		CERTIFI	ALTH AND MENTAL HY	REG. NO.	3 / 5
1	(TYPE	CEASED NAME FIRST MALL	DE Lou	GR	AY	20. DATE OF DEATH MONTH	3-80 26 HOU
	3. SE)	Female	White	5. DATE OF	F BIRTH  DAY  F BIRTH  OE  F BIRTH  OE  F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  71	IF UNDER I YEAR IF UNDER
<b>§</b> 3	CC	RTHPLACE ISTATE OR FOREIGN Va.	16. CITIZEN OF WHAT COUN	MARRIED WIDOWE	NEVER MARRIED   DIVORCED	9 BALTIMORE CITY OR COUL	CITY.
37		Balt.	11. NAME OF HOSPITAL, N	STREET ADDRESS)	SATAL.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Housewife	
Siner must be	13a. S		R OTHER INSTITUTION, GIVE RESIDENCE NTY 13c CITY OR earundel Balt	TOWN	136 INSIDE CITY LIMITS? YES NO X	130 STREET ADDRESS 121 Campos	e Ave.
0.20	14 FA	THER'S NAME Woodson	Whittal Whittal	T	IS MOTHER'S MAIDEN NA Lottic	e Cov	ington
medicol	16a W	VAS DECEASED EVER IN U.S. AF ES, NO OR UNKNOWN) NO	E WAR OR DATES)	SECURITY NO. 05-4549	Mrs. Ruk	ADDRESS by Edwardd (d	aug.)
ial, cremation, or removal. or other troumatic event, the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONS	SEQUENCE OF	Threat Chronic	infection / Pr	eumonia
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ows ony	CERTIFICATION	19a. DATE OF OPERATION  21a ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	Aut	opsy showed	IN CE	RTIFYING CAUSES OF DEAT
A Mental Hygiene prio ar Item 18 shaws ony	CAL	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	19b. CONDITION FOR W	Aut F DAY YEAR 19	opsy showed	hypostwotic pr	RTIFYING CAUSES OF DEAT RESIDENTS WIDT 18. PART I OR PART 2)
of Health and Mental Hygiene prio		19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	Aut T DAY YEAR 19 PEFICE, FARM, ETC.)	OPSY Showed The HOWSHUR SOCCUE THE LOCATION STREET	THE TENES TO THE OF INJURY IN ITEM	COUNTY 51
Dept. of Health and Mental Hygiene prior Item 21 is marked or Item 18 shows any		19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, of itol) ottended the deceased f	Aut T DAY YEAR 19  FFICE, FARM, ETC.)  rom 2	OPSY Showed  21t. HOWALURY OCCUR  21t LOCATION  STREET  2 1, 19  4 that in (my) (our) op More  EGREE  ATTENDING PHYSICIAN	REED TOUTS TOUTS OF INJURY IN ITEM	RTIFYING CAUSES OF DEAT (PRI (D) 12 WND () 18, PART I OR PART 2)  COUNTY ST
with the State Dept. of Health and Mental Hygiene prio	MEDICAL	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHILE NOTIFY HOORK 22a. I certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (1) (we) (did) (did not above, (	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, o  ital) ottended the deceased f	Aut T DAY YEAR 19  OFFICE, FARM, ETC.)  rom D D	OPSY Showed 21t. HOWALURE COLUMN 21t LOCATION STREET  7 19 4 that in (my) (our) op Mag EGREE ATTENDING	CITY OR TOWN  MEDICAL STAFF	COUNTY ST. , 19 , that (I) (v. hour and from the couses steel



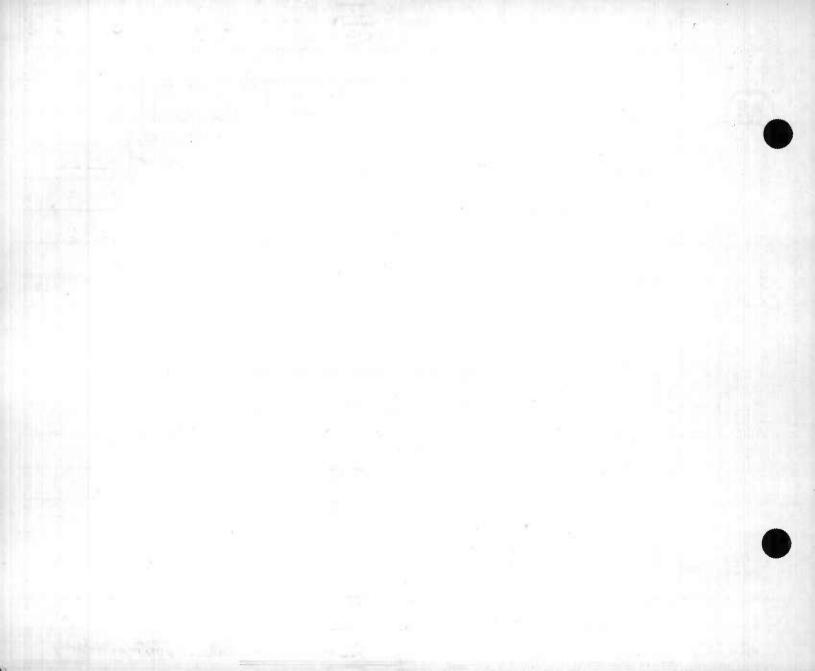
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Murial 2-6-80 Forest Lawn Joseph . Hilley P. Heldmond, Va.



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 26. HOUR 12 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 92 MONTHS DAYS HOURS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TAXI TAXXXXXXXXXXX #21217 134 INSIDE CITY LIMITS? 301 McMECHEN ST., APT. 913 15 MOTHER'S MAIDEN NAME UNKNOWN 17 INFORMANT MRS. DORIS PARMAN 2802 DAMASCUS CT., APT. B #21209 APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT Acute Anterior septal AND laterAL MYDIARDAG INFARITION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OF TOWN COUNTY STATE 19 KD, and that in (my) Gur opinion death occurred on the date and hour and from the couses stated 22c DATE SIGNED STAFF MEDICAL DIRECTOR PHYSICIAN SINAI HOSPITAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION

DHMH - 16 50M 7/77 (VR A 15 (4))

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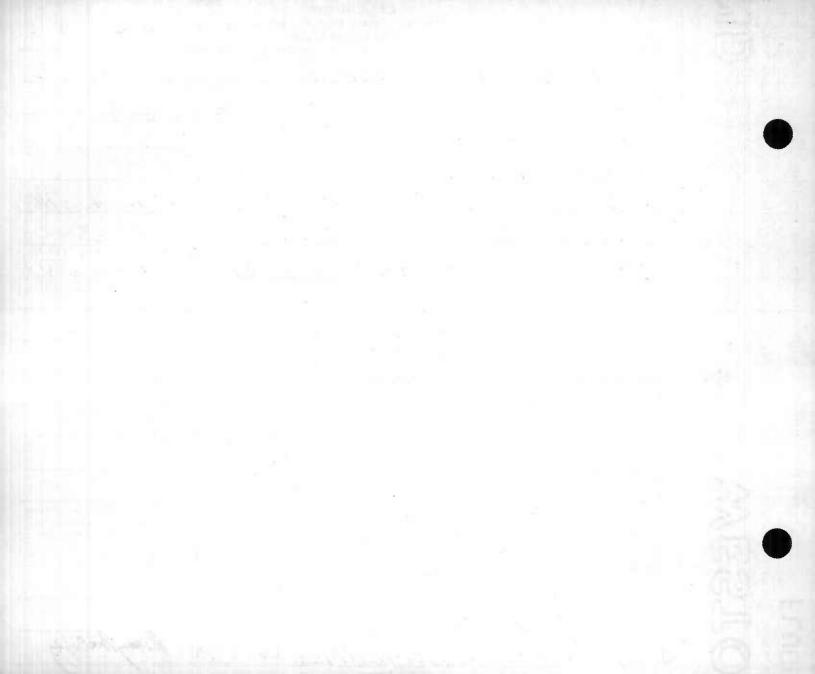
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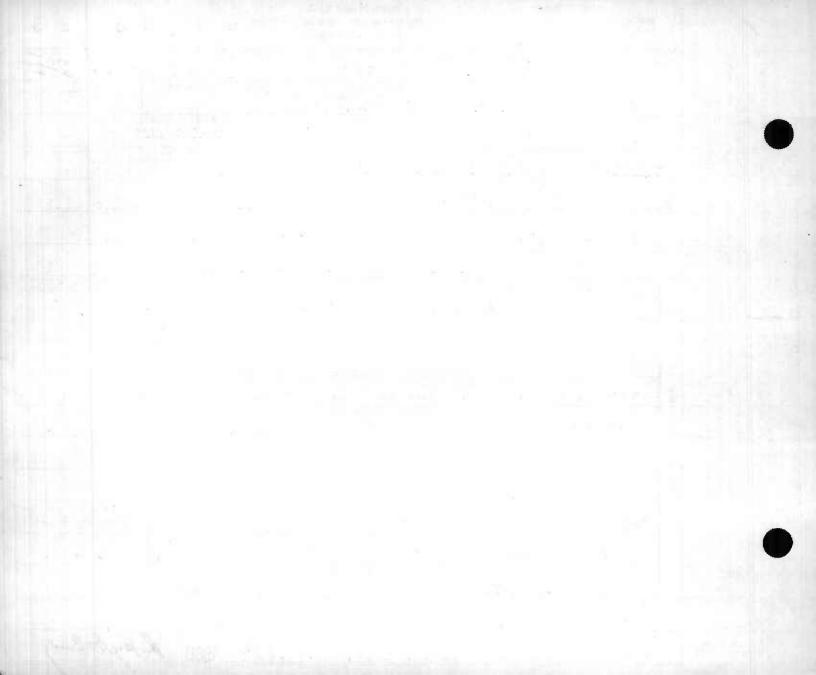
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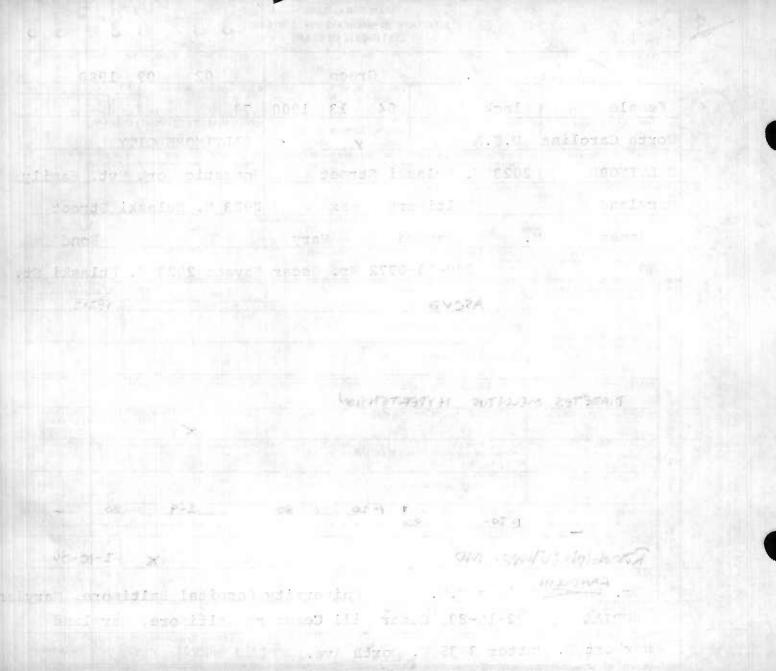
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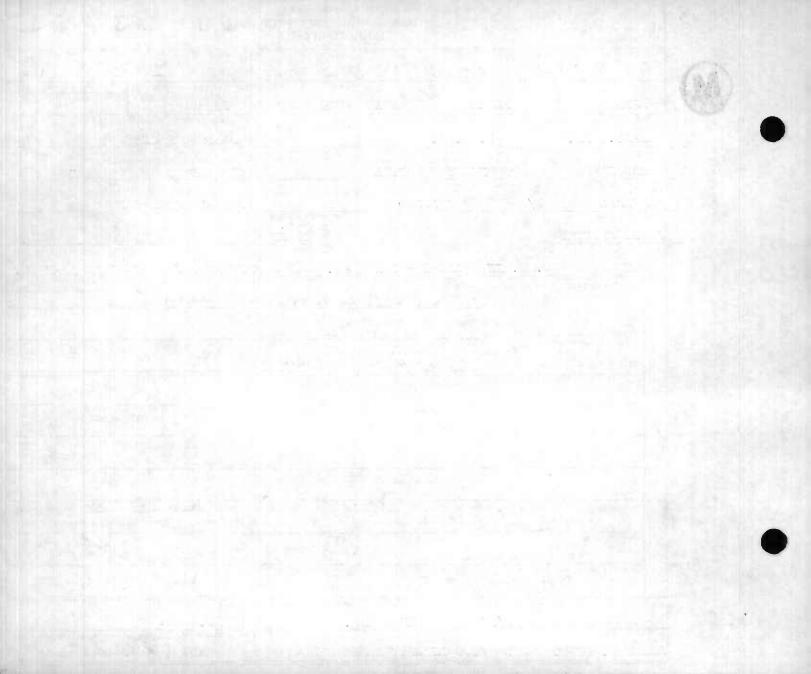
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\		FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.	
C f		CEASED NAME FIRST	MIDDLE	2a DATE OF DEATH MONTH DAY YEAR 2b. HOUR	
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	F	emple	Co/ 6-23-190	3 /6 YRS.	
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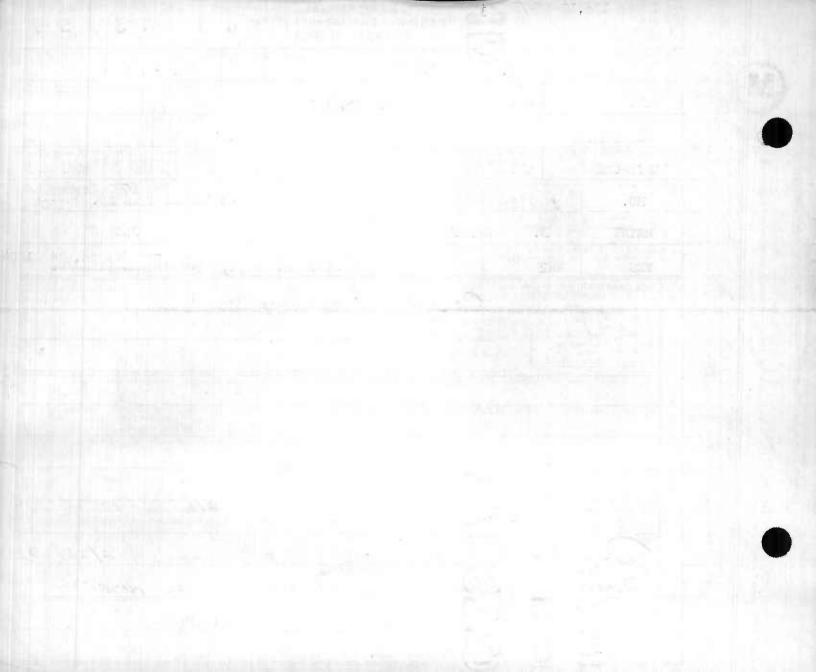




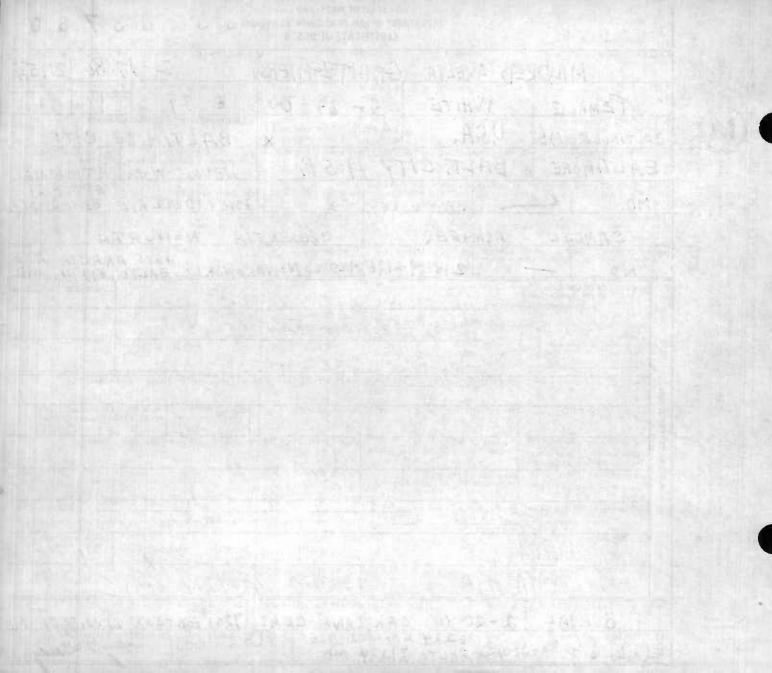


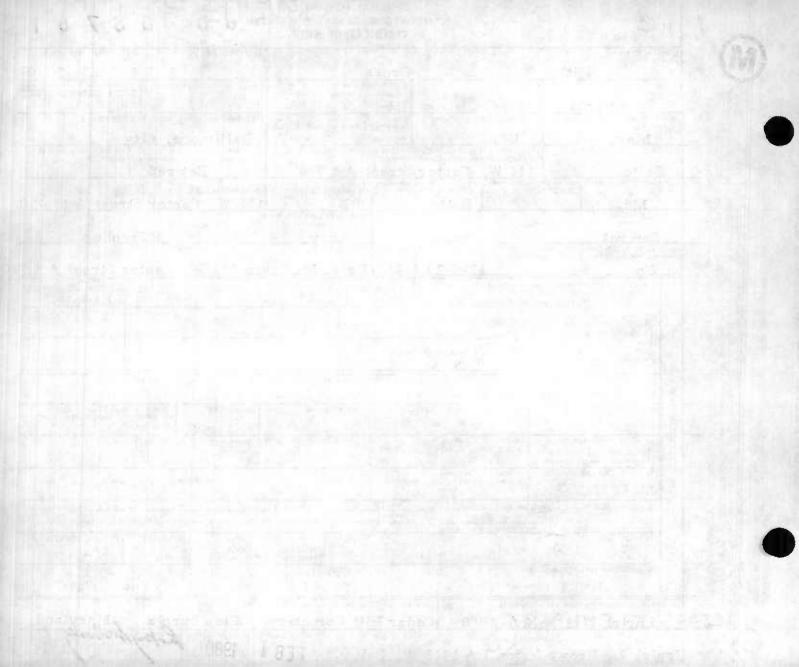
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DEPARTMENT OF HEALTH AND MENTAL HYGGENE

CERTIFICATE OF DEATH

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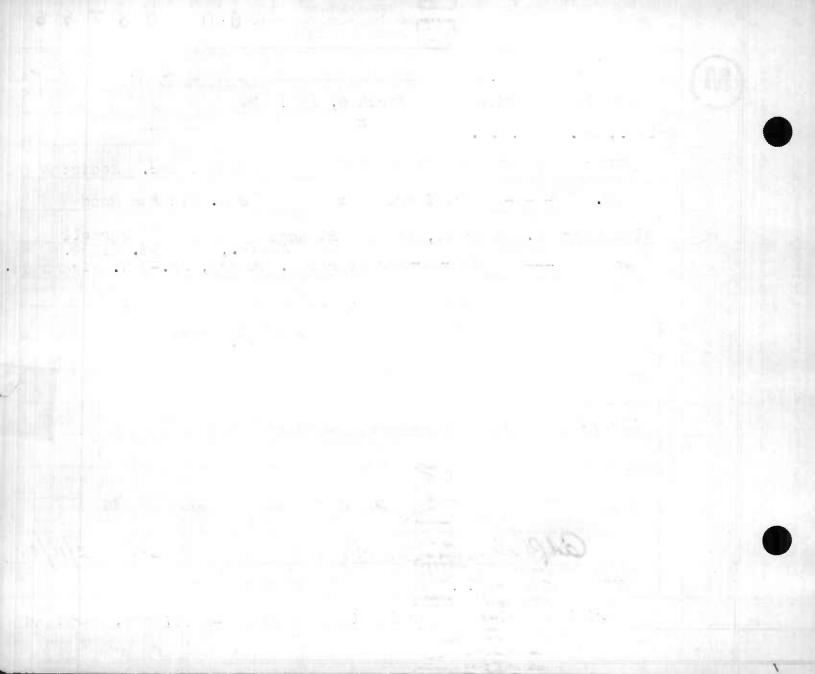
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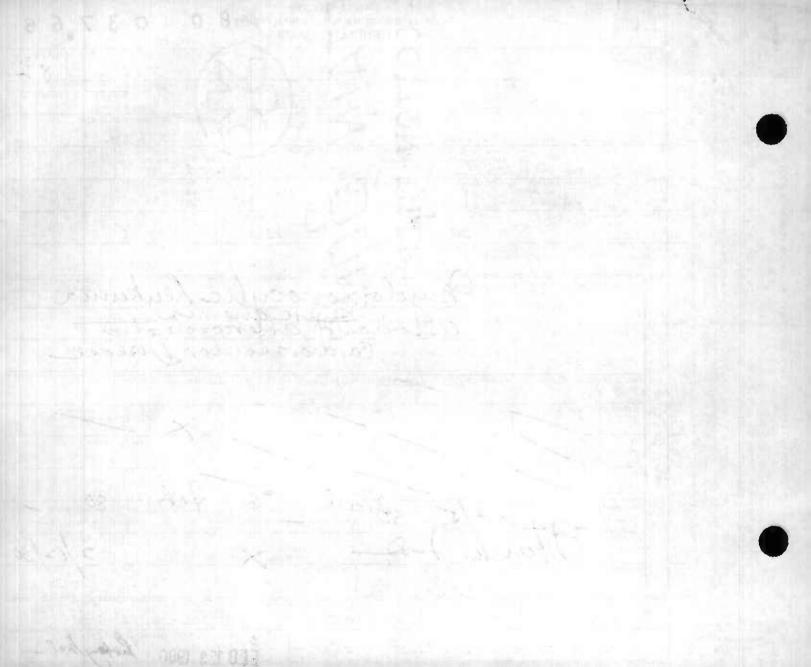
DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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ad General Mospital	Augenio S. Machado, M.D afo Marula

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 26 HOURS DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH (TYPE OR PRINT) 1980 Anna Februaru 12. Haase 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR MONTH April 25, 1891 White Female 88 In BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED U.S.A. Maruland Baltimore Citu WIDOWEDFX DIVORCED | 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Hamilton Nursing Center Baltimore Housewife BALTIMORE, MARYLAND 2120 SUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 134 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Maruland 3024 Beverlu Rd YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST Frank Ridl Josephine 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214-01-5204 D No Mr G. Warren Haase 6014 Mouer Ave II. CAUSE OF DEATH Enter only one course a PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate couse in starting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IN THE ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION LINE CONDITION FOR WHICH OPERATION WAS PERFORMED No DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ ntal Hygi 31g. ACCIDENT WAS UNDERLYING TIME OF INJURY THE HOW INJURY OCCURRED TENTER NATURE OF INJURY IN JUNE 18, PART 1 OR PART 21 00 HOUR AM. DAY YEAR OF CONTRIBUTING TO CAU MEDICAL OF RUBBER MOTEY MEDICAL EXAMINERS PA 21d INJURY OCCURRED THE PLACE OF INJURY THE LOCATION AT HOME STREET, FACTORY OFFICE COUNTY STATE 27s.1 certify that || | (this hospital) attended and that in (my) (autop)nion death occurred on the date and hour and from the causes stated 77h SIGNATURE DEGREE TR. DATE ATTENDING MEDICAL HRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 27e ADDRESS should be with the S 9005 Harford Rd Baltimore, Maryland Frank T Kasik Jr M.D. 230. BURIAL CREMATION REMOVAL 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION | SPECIFY Burial 2/14/80 Parkwood Baltimore, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTER'S SIGNATURE DHMH - 16 50M 1/76 Leonard & Ruck INc. Baltimore, Maryland (VR A 15 (4)) 1980



3	1.	FOR - STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIEN O	03769
6	I. DE	CEASED NAME FIRST E OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
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Civi	3. SE		4. RACE	5 DATE OF BIRTH	6 AGE (IN YF AS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
direct		Female	White	July 19 1915		YRS
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10040	2	Balto.	St. Agnes Ho	reet address)	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemake	OF WORKING LIFE) INDUSTRY
ad state	13a.	STATE 13b COL	or other institution, give residence by UNTY 13c. CITY OR T	OWN 13d INSIDE CITY LIMITS	? 13e STREET ADDRESS 2912 Loui	siana Ave
34	14. F.	ATHER'S NAME Percy	Melville Melville	15. MOTHER'S MAIDEN FIRST Marie	NAME	Von Buskirk
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		22a. I certify that (I) (this has sow the deceased alive a	fuer f	DEGREE  ATTENDIN		ote and hour and from the couses stated  22c. DATE SIGNED
M-	23a.	BURIAL, CREMATION, REMOVA (SPECIFY)  Burial	4. 4	I 3. NAME OF CEMETERY OR CREMATO Meadowridge Mem	Pk Baltim	ore Naphlandy
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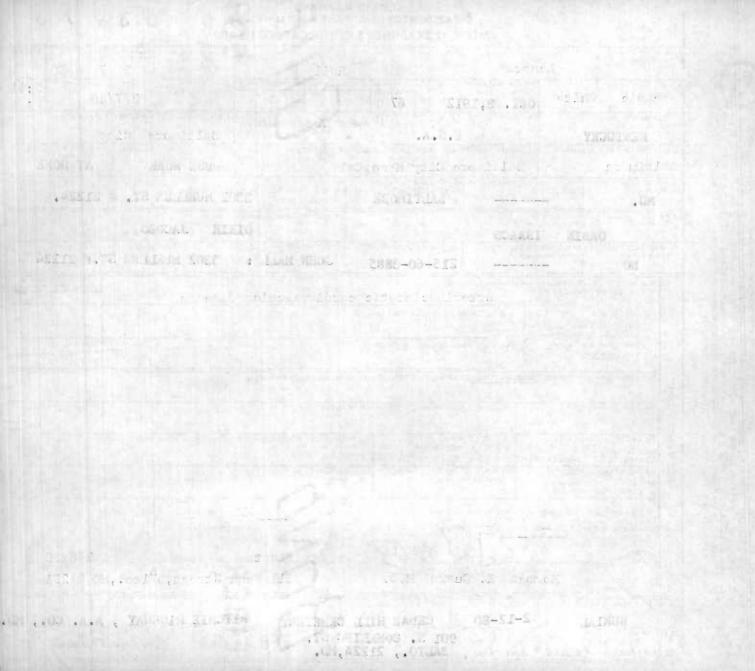
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ter death. Page within 72 hours (fied at one.)	70. B	IRTHPLACE (STATE OR FOREIGN 76 (	CITIZEN OF WHAT COUNTRY	MARRIED	NEVER MARRIED DO DIVORCED	BALTIMORE CITY OF		MD.
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TIMORE to be exect on ond or ond or ond or ond or or or or or or or or or or or or or	1	WAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (IF YES, GIVE WAS UNHNOWN)			17 INFORMANT WINIFRED C	YPHERT 20	04 DETROIT AVE	
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	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE ÖÜREG. N	03//
(87)	{TYPE	CEASED NAME PIRST Natho		Hairston	2. DATE OF DEATH	2-16-80 12:5x
Page 4 mi	3 SE	MALE	Black	S. DATE OF BIRTH MONTH  6  12  21	6 AGE JIN YEARS LAST BIRT	MONTHS DAYS HOURS M
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w requires that the death cert sen signed by the attending ph Then please remove carbon pa or to burial, cremation, or rem any injury, or other traumatio	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C		chan	pharynt i	DITION GIVEN IN PART 1101
e has be en print.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	700. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
NG PHYSICIAN: The rading physician. Iter this certificate has the burial-transit permand Mental Hygiene and Mental Hygiene sirked or Item 18 sho		21g. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAL (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONT	H DAY YEAR 19	ED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 OR PART 2)
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L 0 L L 2 2	23a l	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
ZBP		Burial UNERAL DIRECTOR	2/21/1980	King Memorial Park	Baltimore REC'D. BY REGISTRAR	e Co, Maryland

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

7.10 AM

IF UNDER 24 HRS

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LAST

APPROXIMATE INTERVAL

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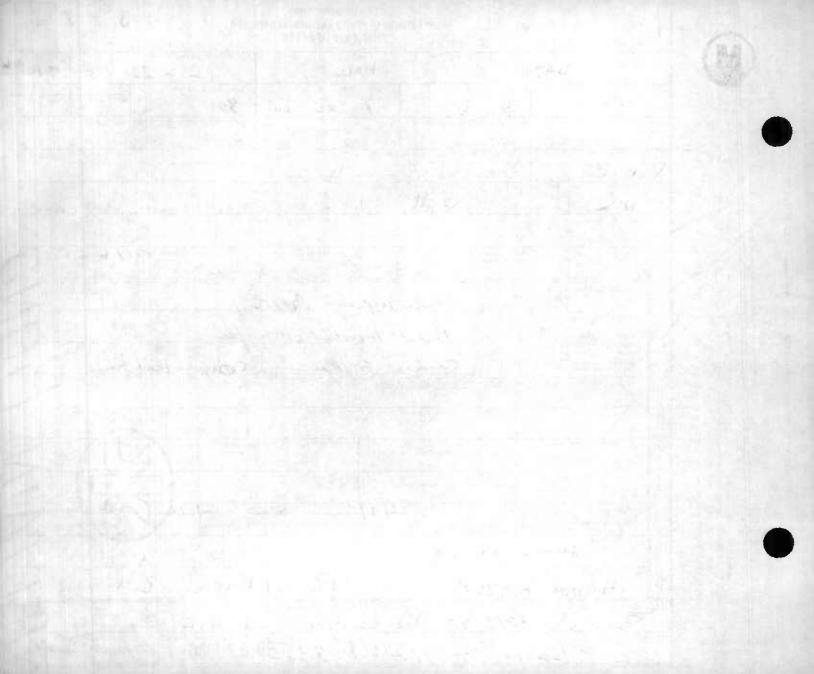
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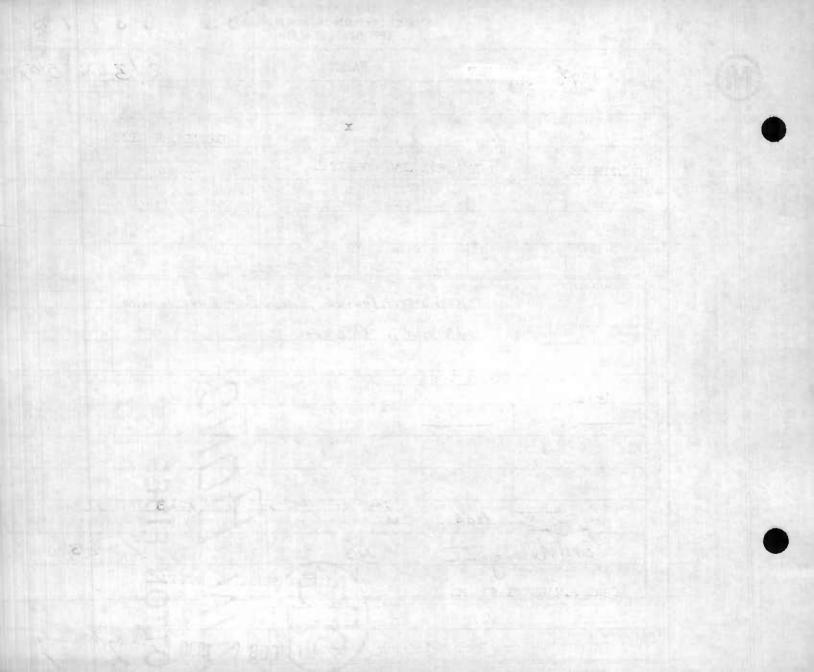
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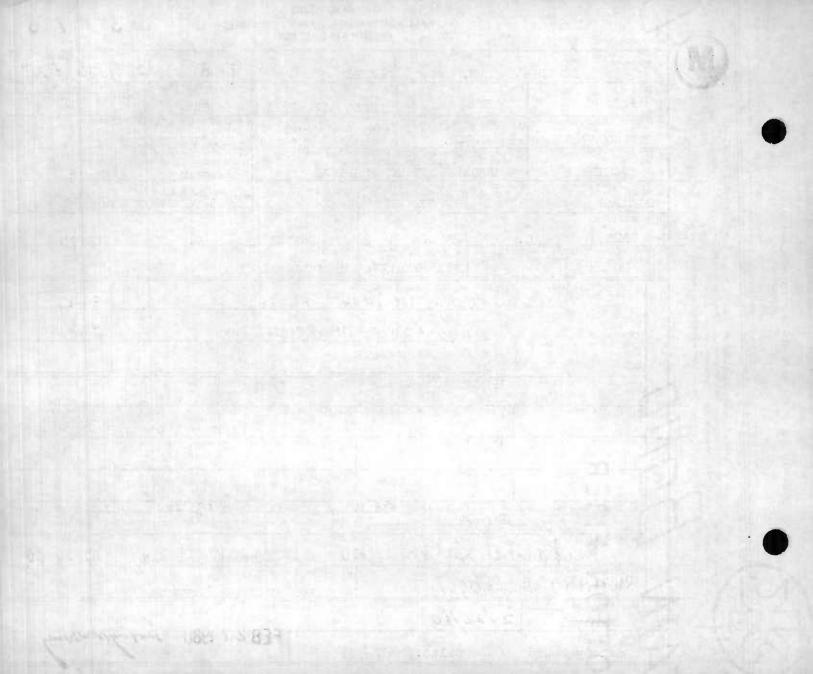
MONTHS DAYS

INDUSTRY

9. BALTIMORE CITY OR COUNTY OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) 28b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ond that in (my) (our) opinion death occurred on the date and have and from the causes stated COUNTY 24. FUNER DHMH - 16 50M 1/76 (VR A 15 (4))







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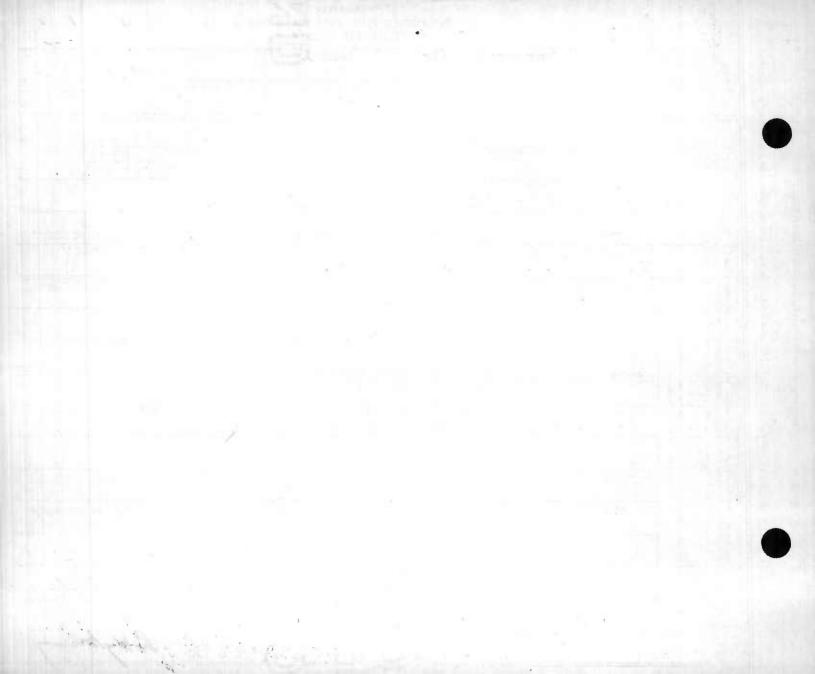
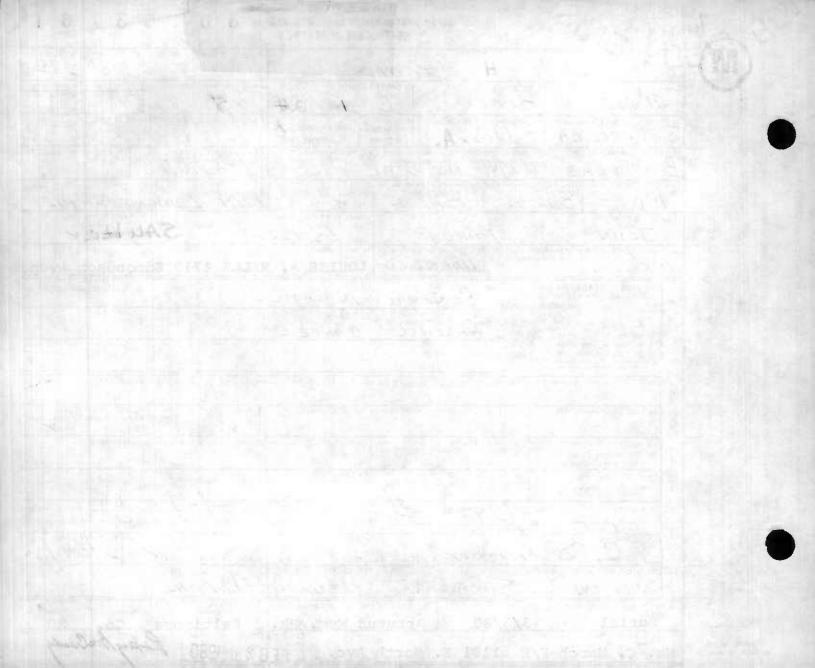


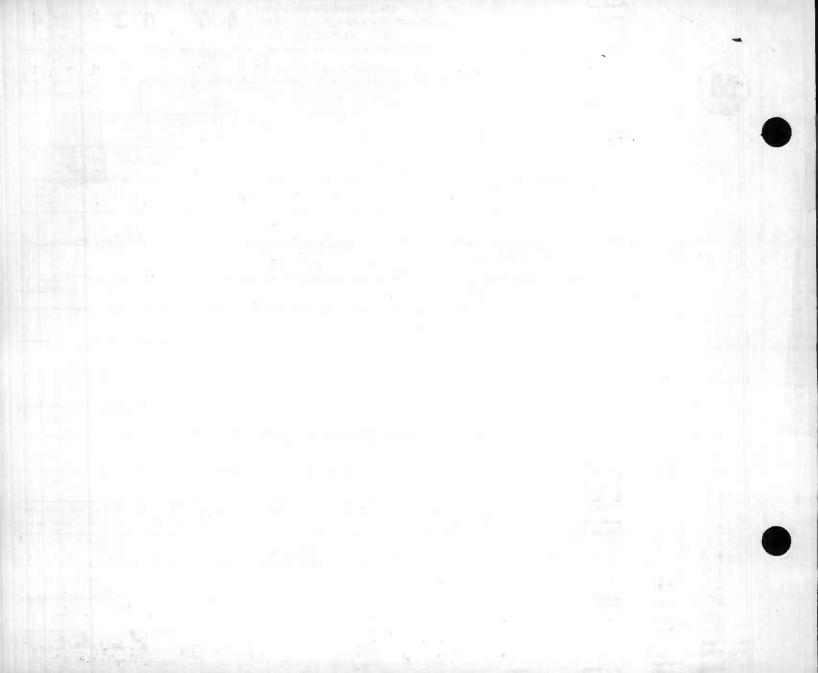
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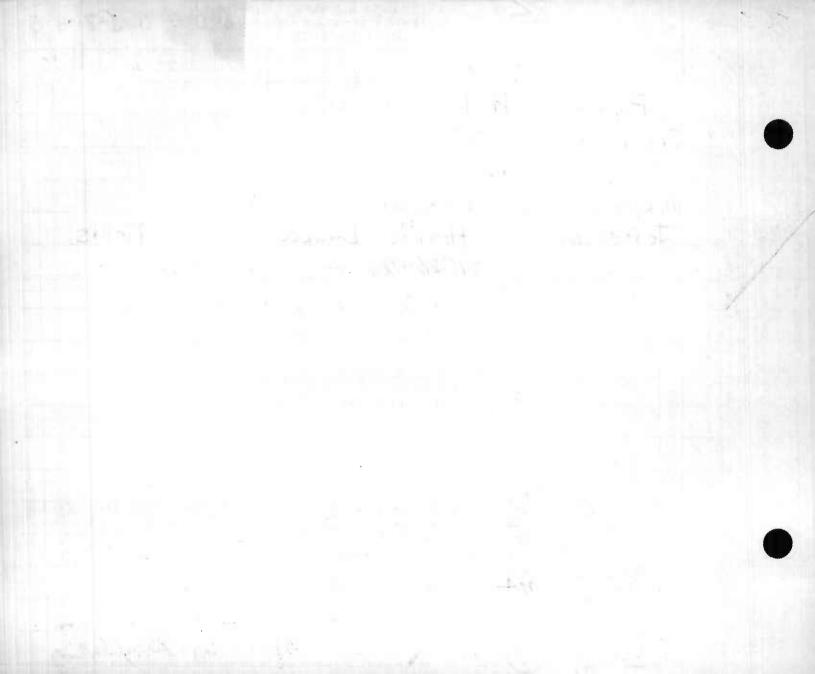
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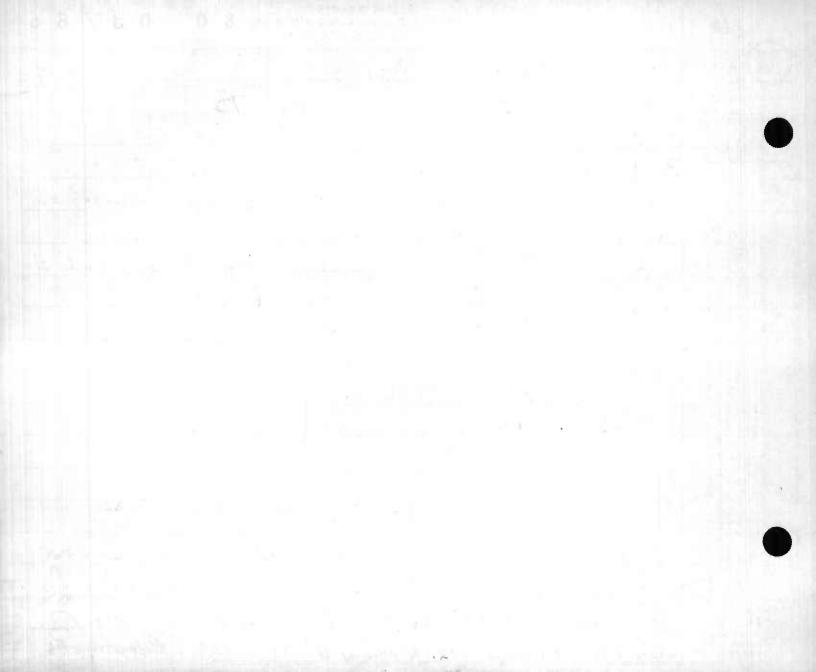
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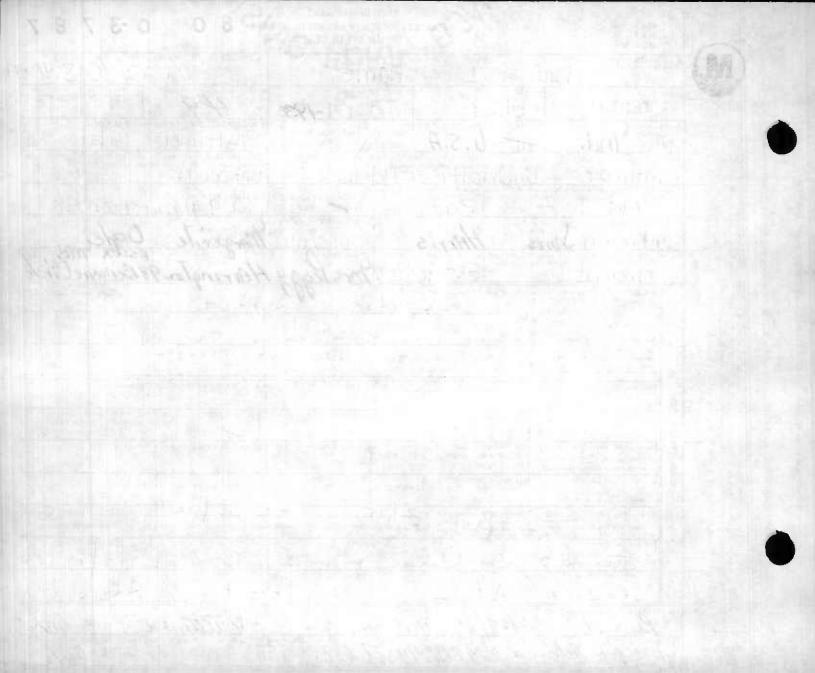
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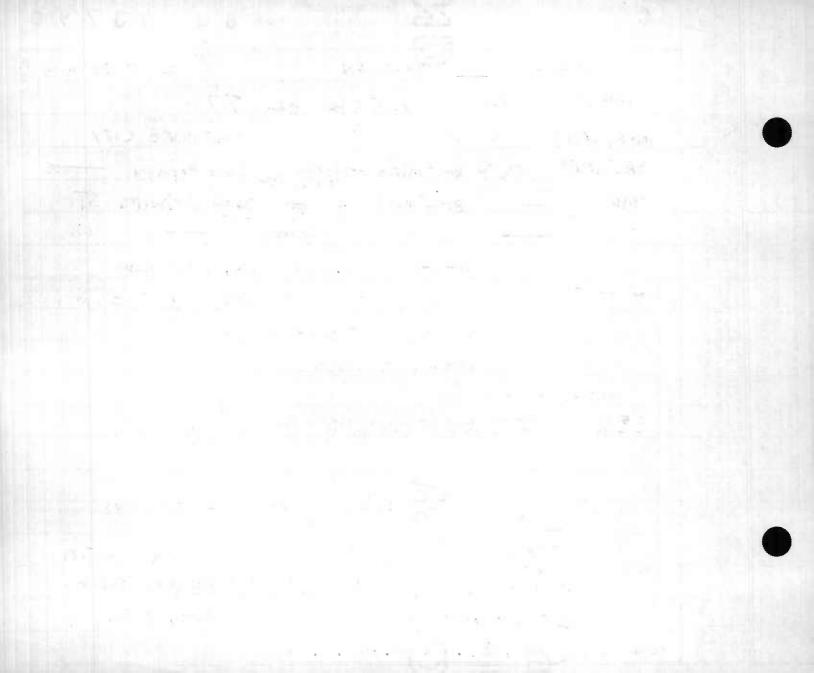
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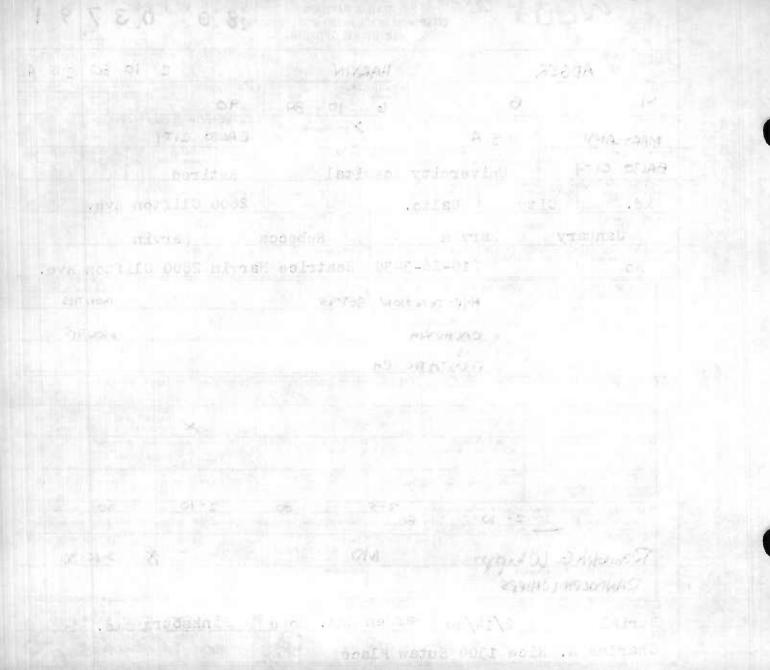
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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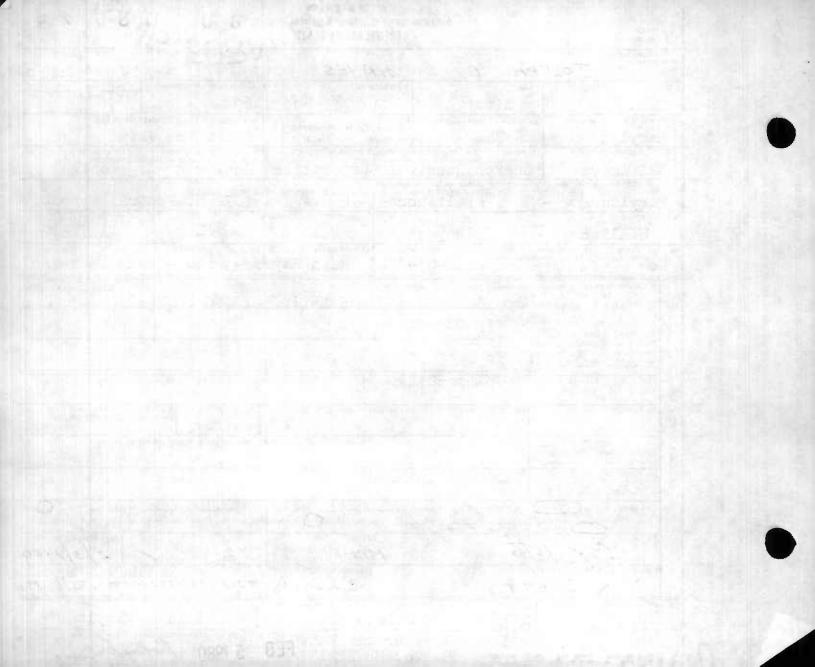
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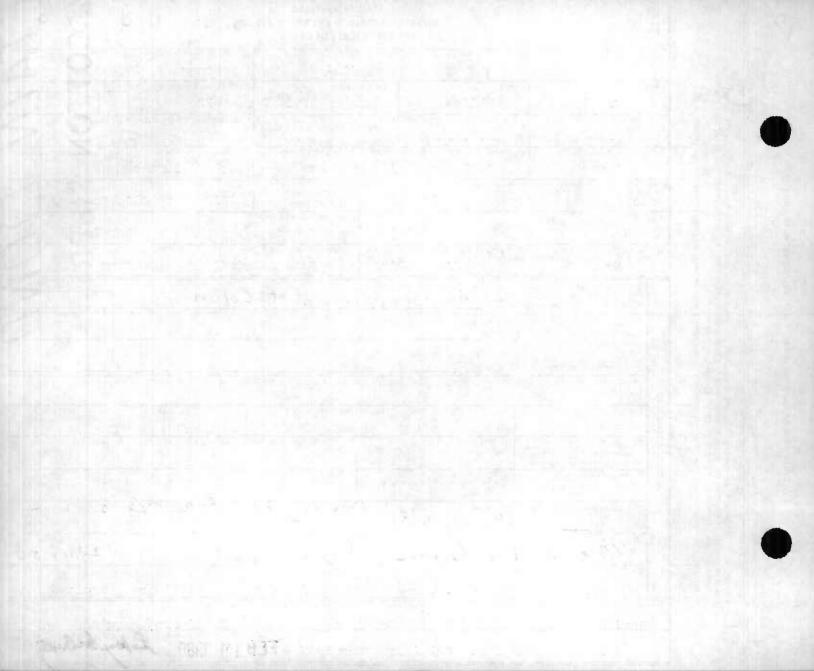
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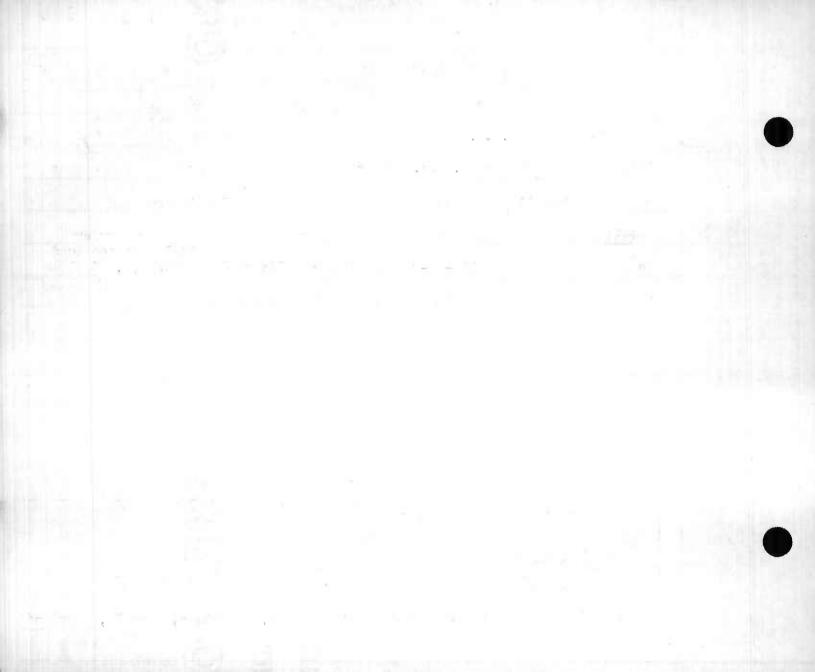


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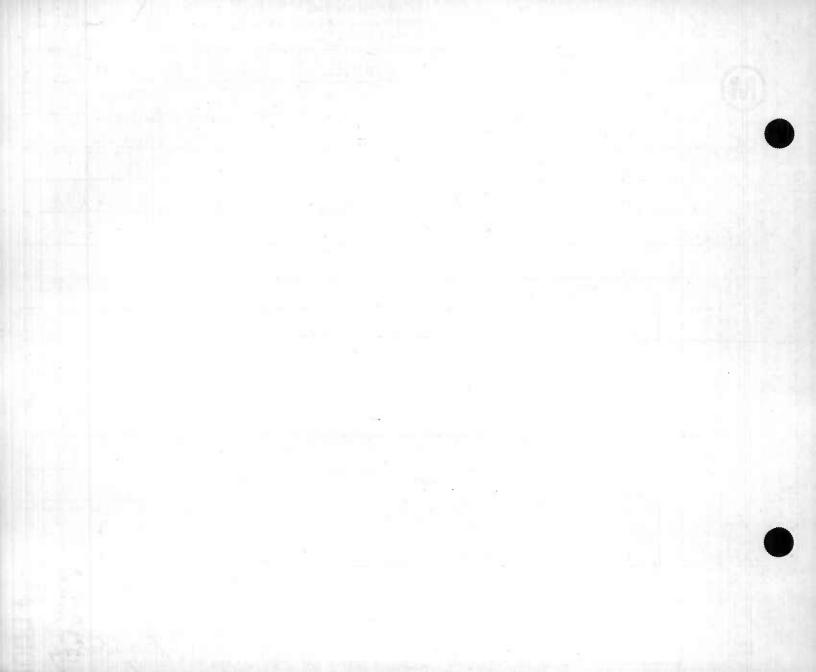
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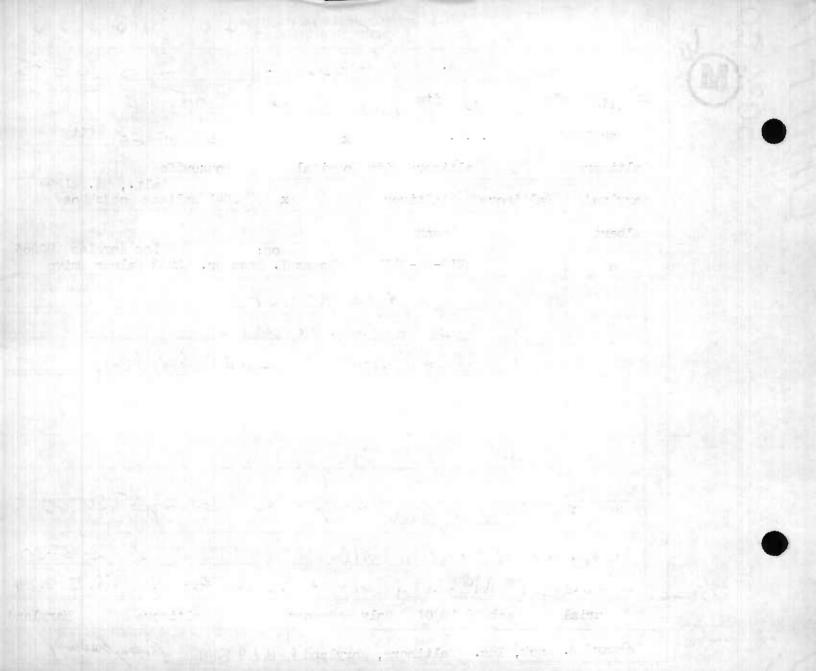
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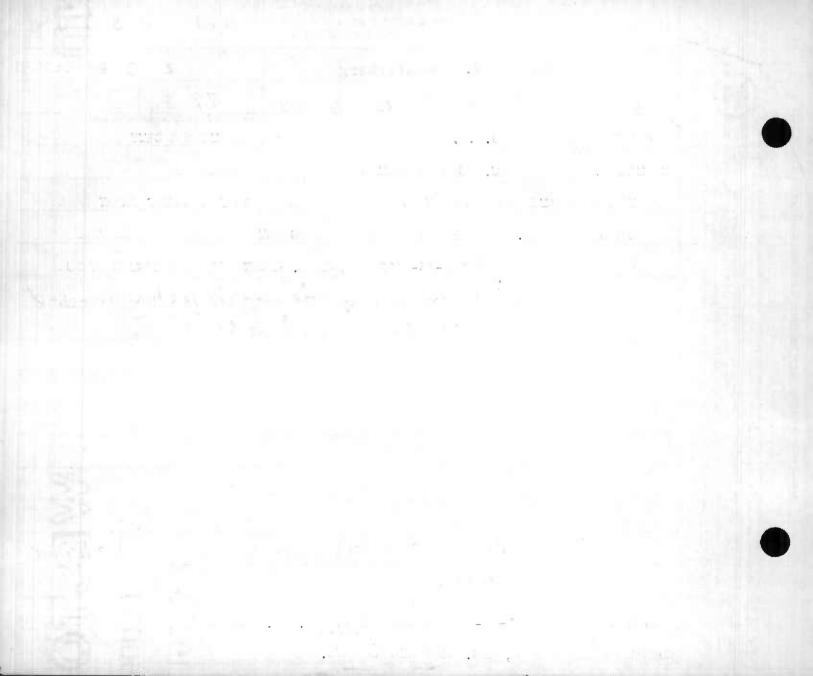
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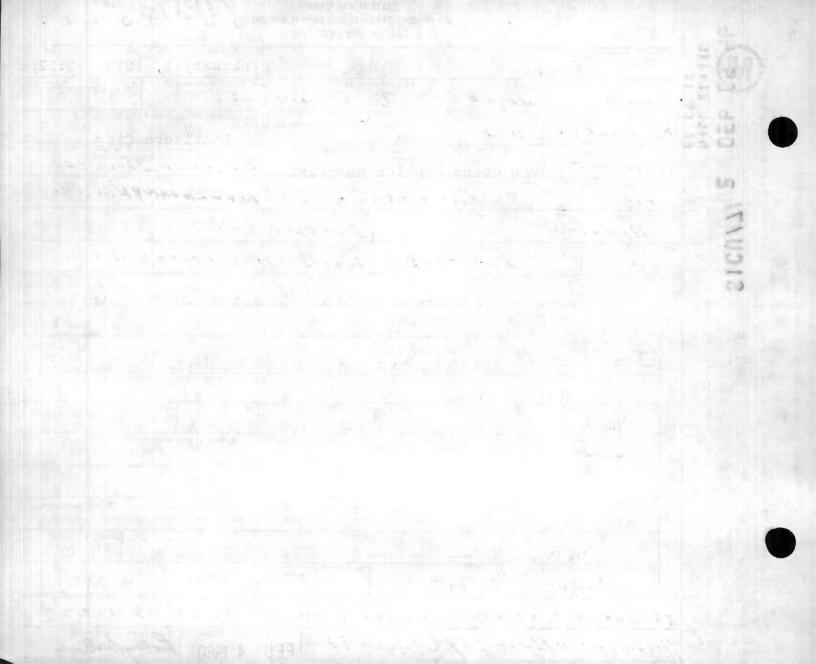
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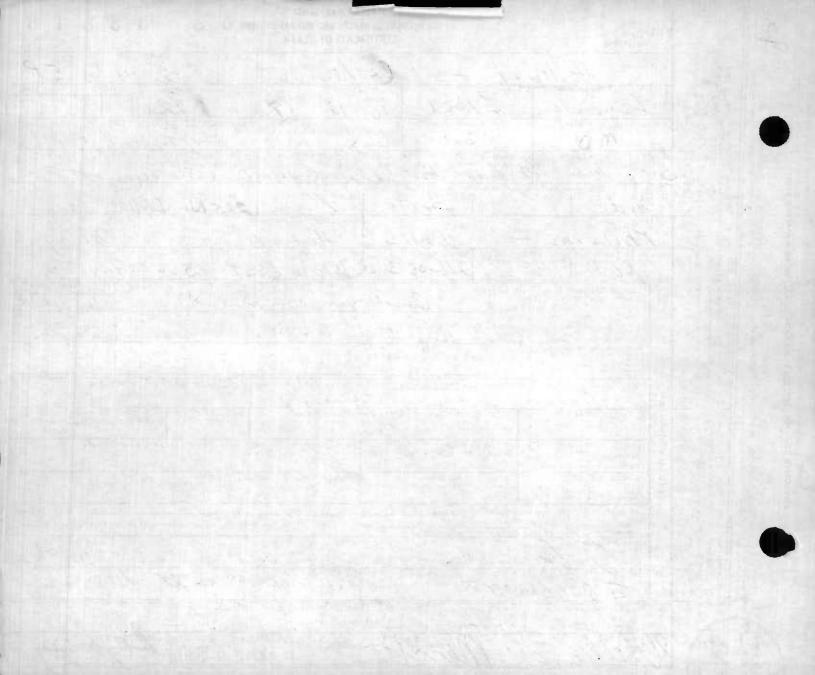
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST . DECEASED NAME 20. DATE KNOWN TO MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED HOLCOMBE MILTON В. 1980 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH DATE 11440 70 LAST BIRTHDAY PRONOUNCED 52 DEAD / 1980 black TO. BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED Baltimore City FILED, 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS Edmondson Avenue Baltimore SHOULD BE 踞 USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 14 FATHER'S NAME DIVISION OF VITA 7. INFORMAN' 160. WAS DECEASED EVER IN U.S. ARMED FORCES TYPS NO OR (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? TO BURIAL, YES L NO [ PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH TIE. PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STATE CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian TOR: Suicide Homicide Undetermined manner death resulted fram: TITLE (SPECIFY) TO M. EXECUTE PAGE 4 SHC. TO FUNERAL DIN AFTER DEATH, V ALTIMORE, M/ 2-10-80 EXAMINER'S NAME 111 PennStreet Margarita A. Korell, M.D. ADDRESS TYPE OR PRINT) **DHMH - 17** (VR A15 ME (5)) 15M 7/76

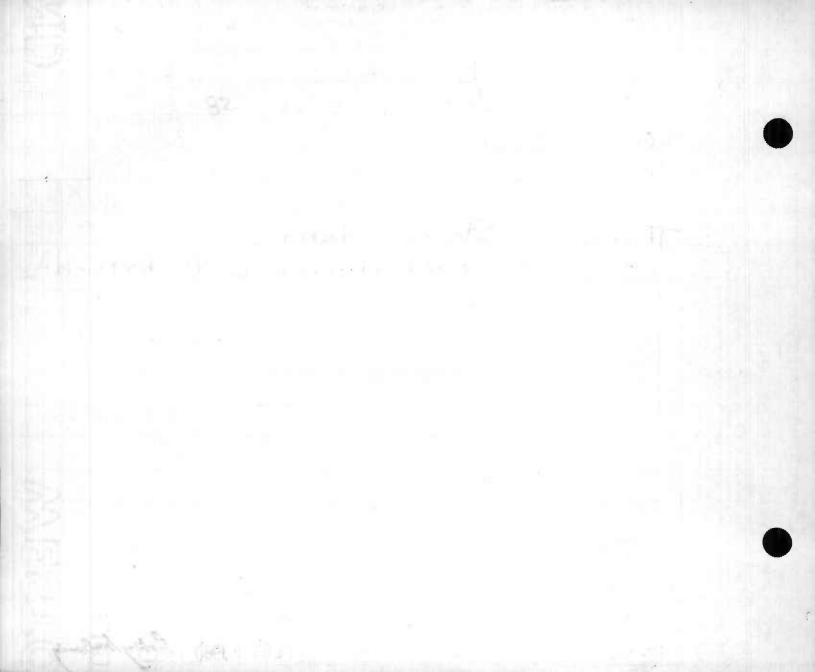
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE -

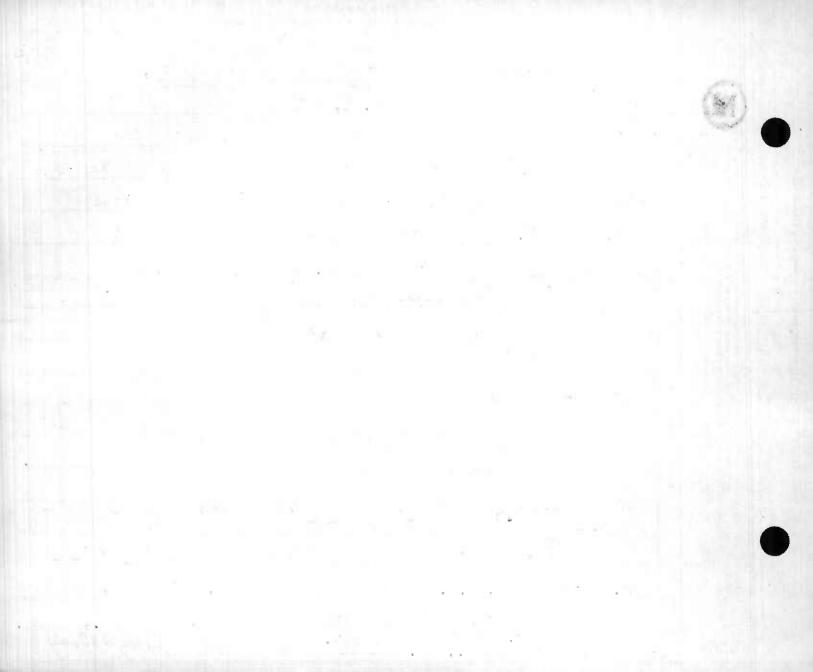
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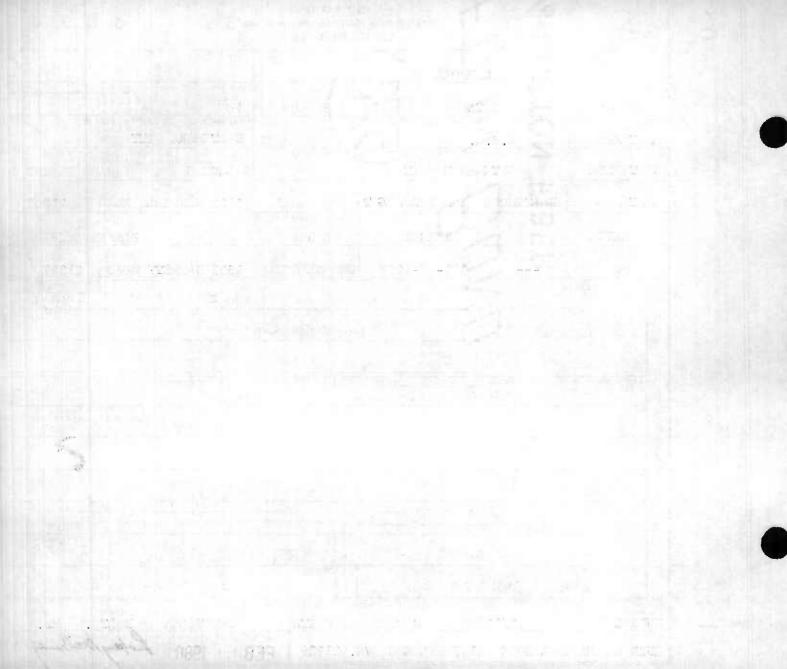
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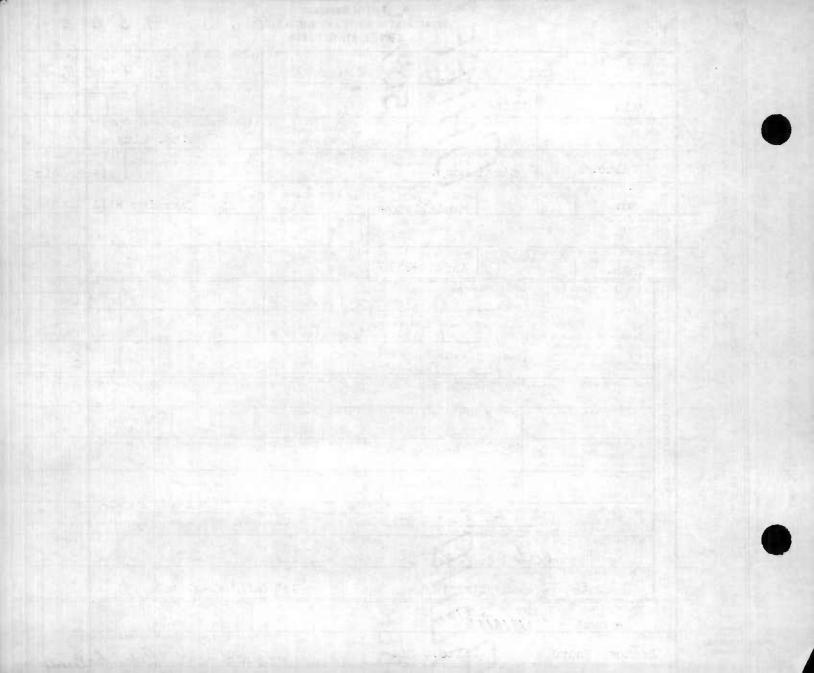


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN KE MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Ronald Hopkins 28 19 80 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 10/22/32 PRONOUNCED white male 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland Baltimore City U.S.A. 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore City Hopsital Baltimore Balto. City -Sewage Dept. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3419 Mt. 1136 COUNTY Balto. 13d INSIDE CITY LIMITS? Pleasant Ave. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thelma Caffvin Hopkins Mevers 146 SOCIAL SECURITY NO. ADDRESS Pleasant Ave. 17. INFORMANT 64 WAS DECEASED EVER IN U.S. ARMED FORCES? 215-32-1465 Mrs. Cecilia Hopkins, 3419 "Mt. Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART | DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21g EXTERNAL CAUSE WAS 216. TIME OF INILIRY 21c. HOW IN JURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE (BODY ONLY) 22a. I certify that I took charge of the remains described above, held an Homicide Undetermined manner TITLE (SPECIFY) Assistant SIGNATURE 111 Penn Street, Balto., MD 2120: Hormez R. Guard, M.D. EXAMINER'S NAME TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial Baltimore Oaklawn Cem 25a, DATE REC'D, BY REGISTRAR 24. FUNERAL DIRECTOR Zannino Funeral Homes. 263 S. Conkling VR A15 ME (5))

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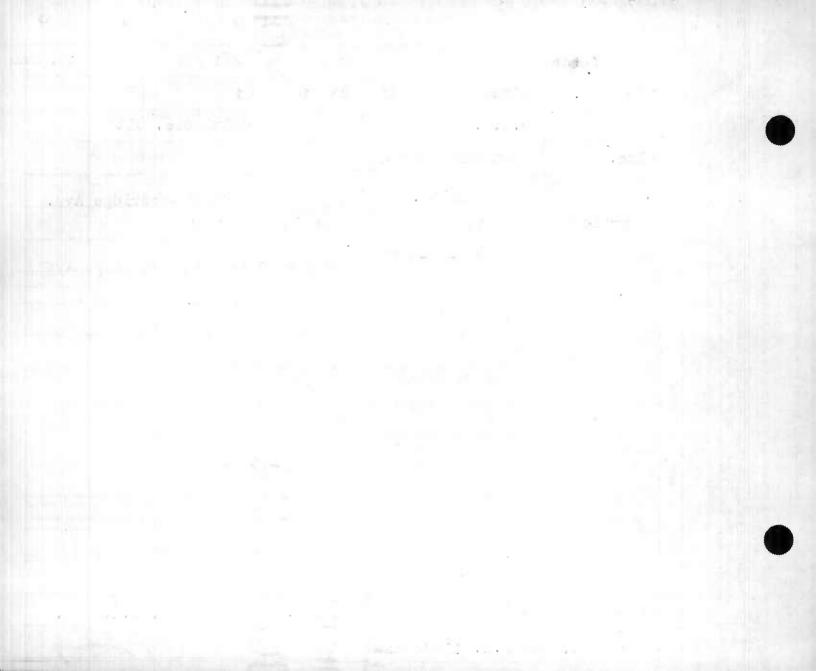




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	по			216-07-45	83	Mrs. Marg	garet H	lorsmon,	411	Wheat	con F	lace
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7	PART 2 OTHER SIGNIFICANT CONC	OITIONS CONTRIBUT	TING TO DEATH BE	IT NOT RELATED TO THE TERA	INAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (a).					
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	22a. I certify that I took	charge of the	remoins descr	ribed obove, held on	Autop	sy X, Inspection	n . k	nquiry ,	ond in my o	opinion		
	death resulted from:	Natural cause	es ,	Accident X, Su	icide	, Homicide .	Undetermi	ned monner	],			
	(1)	A 1				TITLE (SPECIFY)		110000				
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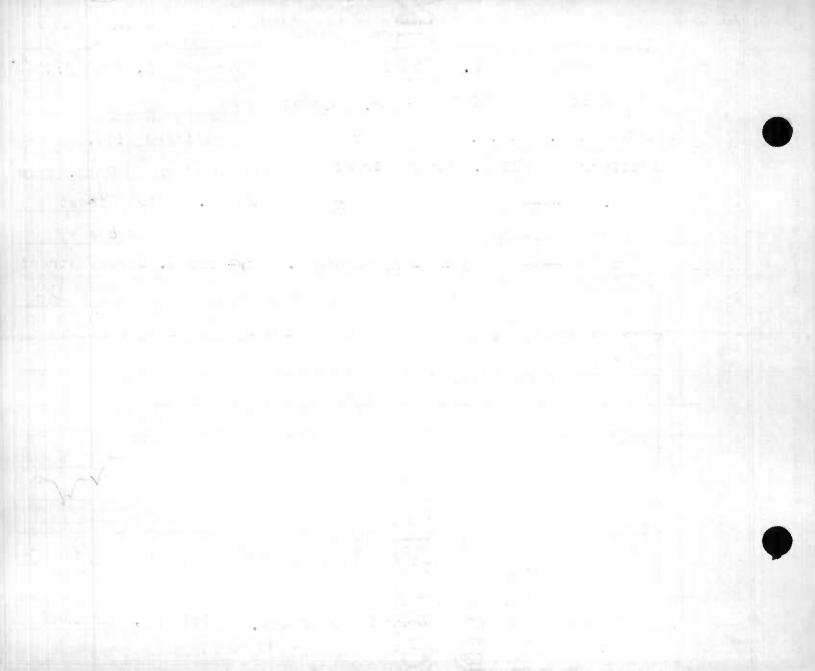
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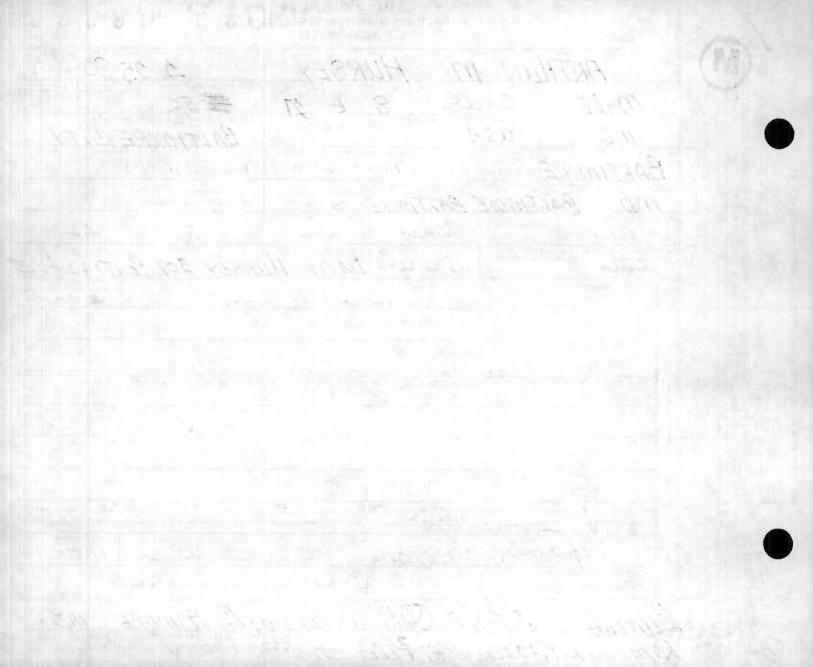
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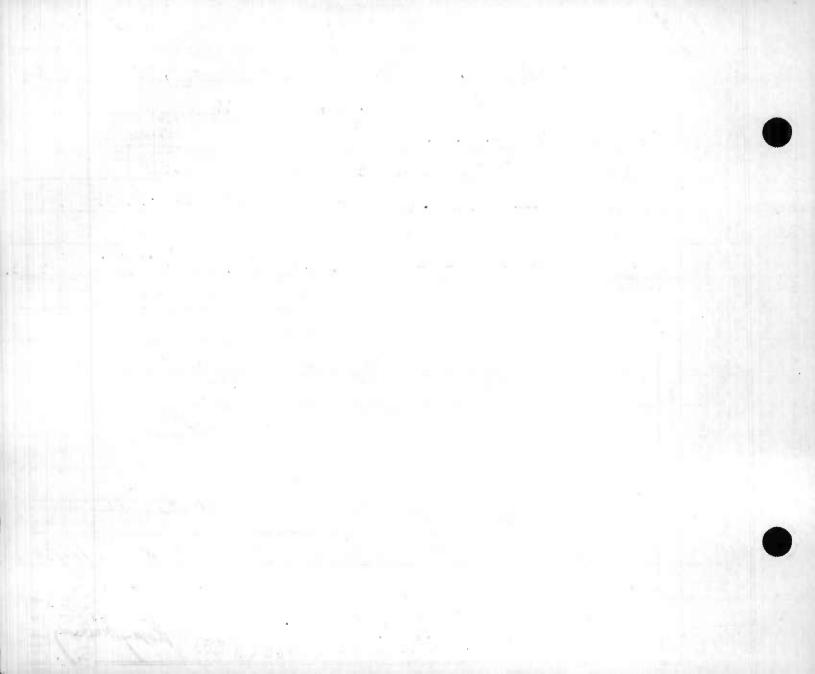
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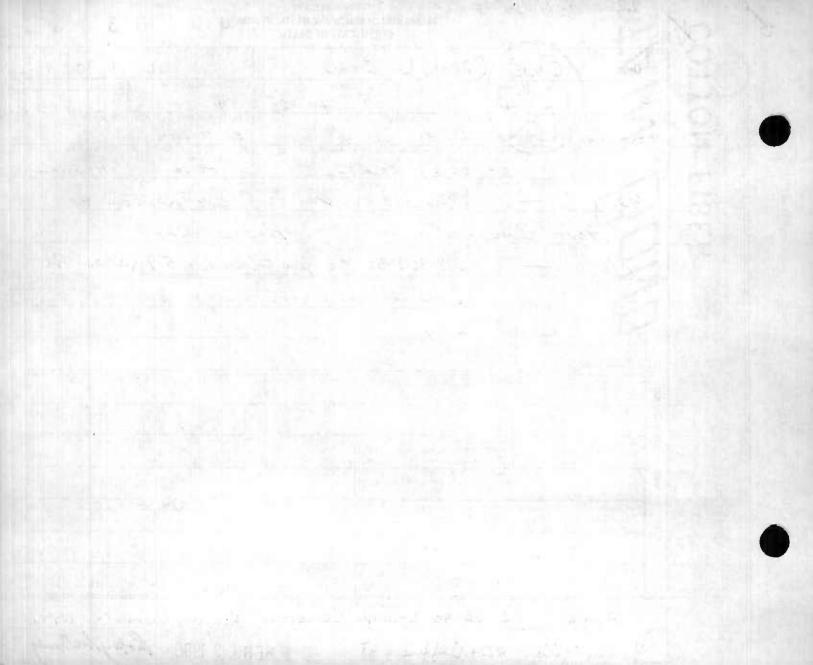
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aw requires that the death certificate een signed by the attending physiciar. Then please remove carbon papers. P or to burial, cremation, or removal. any injury, or other traumatic event.	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF THE TOTAL OR AS A CONSECUTION OF TH		RMINAL DISEASE OR CONDITION	GIVEN IN PART I (a)
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) / / BP	230	BORIAL, CREMATION, REMOVAL	236 PATE/28/80 V	TAME OF CEMETERY OR CREMATOR	ER DALTIMO	RE MD STATE
DHMH-16 25M (VRA 15, 4) 1/79	17	AMERAL DIRECTOR L. KI	CZOROWSKI		ATEREC'D. BY REGISTRAR 255. BEE	SISTRAR'S SIGNATURE





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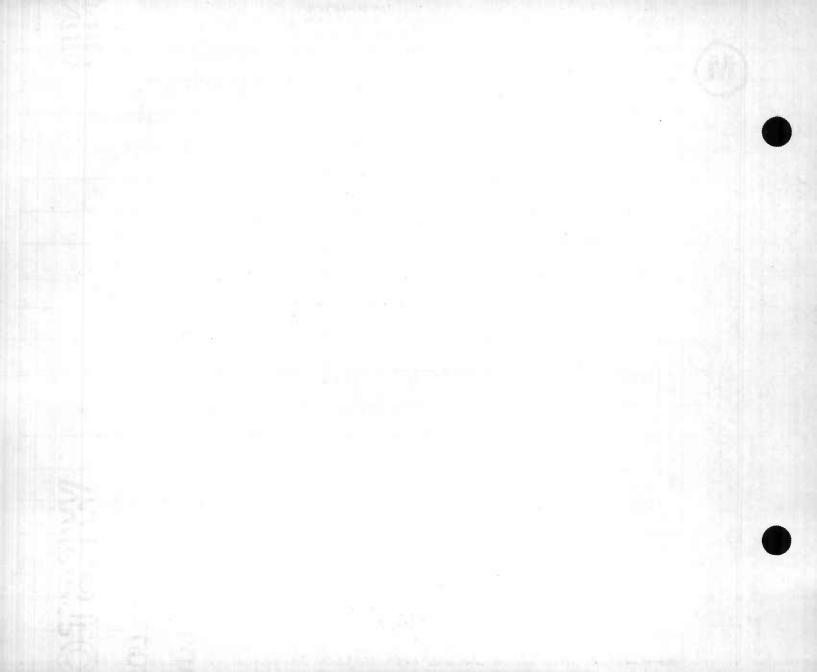
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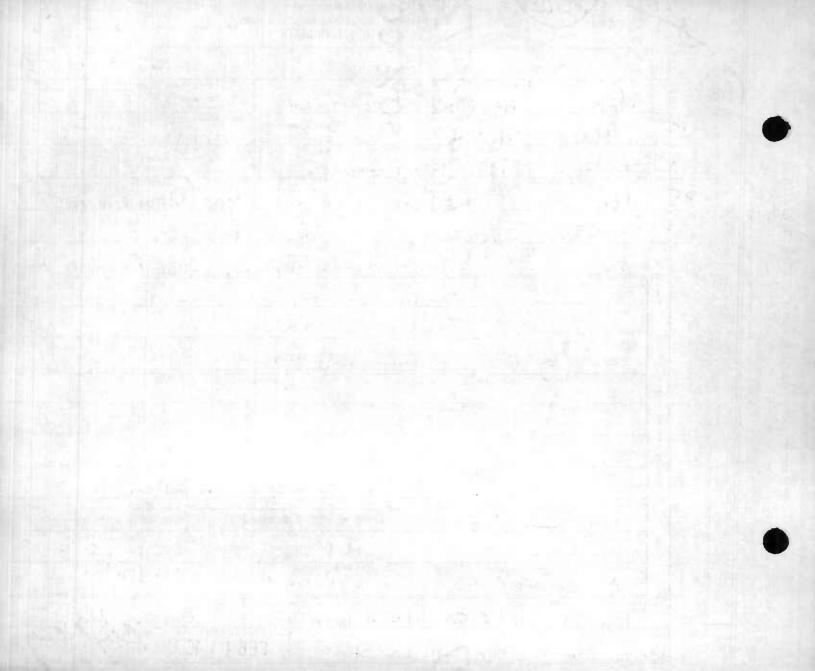
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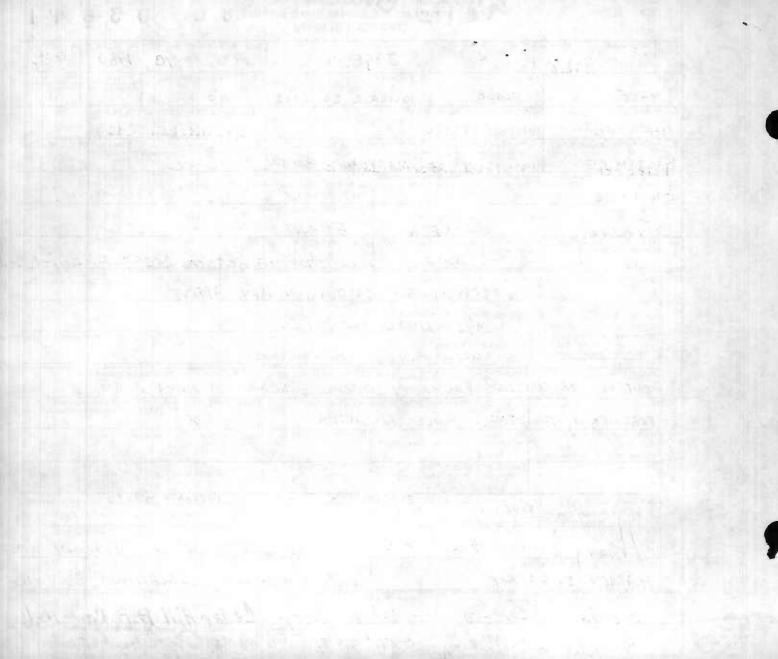
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR CEASED NAME 26. DATE KNOWN X PE OF PRINTS / emin James Jacobs DEATH MATED 16 . 80 4. RACE & AGE (IN YEARS IF UNDER 1 YR SEX DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White DEAD 16 , 80 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Baltimore City, II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Baltimore Union Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13b COUNTY iltmont Aven-21213 YES X 14. FATHER'S NAME Margaret Levin Henry Jacobs 17. INFORMANT (YES, NO, OR UNKNOWN) Jacobs - 3323 (liftmont A Mrs. Rosa E. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? ZB. AUTOPSY? YES NO TO 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY LATHOME 71f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an death resulted fram: Accident Undetermined manner Natural causes TITLE (SPECIFY) 2/16/80 Assistant EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street Balto. Ml. COUNTY Parkwood (emetery 75b. REGISTRAR'S SIGNATURE John (. Miller Inc-6415 Belair Rd. 212-6 **DHMH-17** VR A15 ME (5)) 15M 7/76

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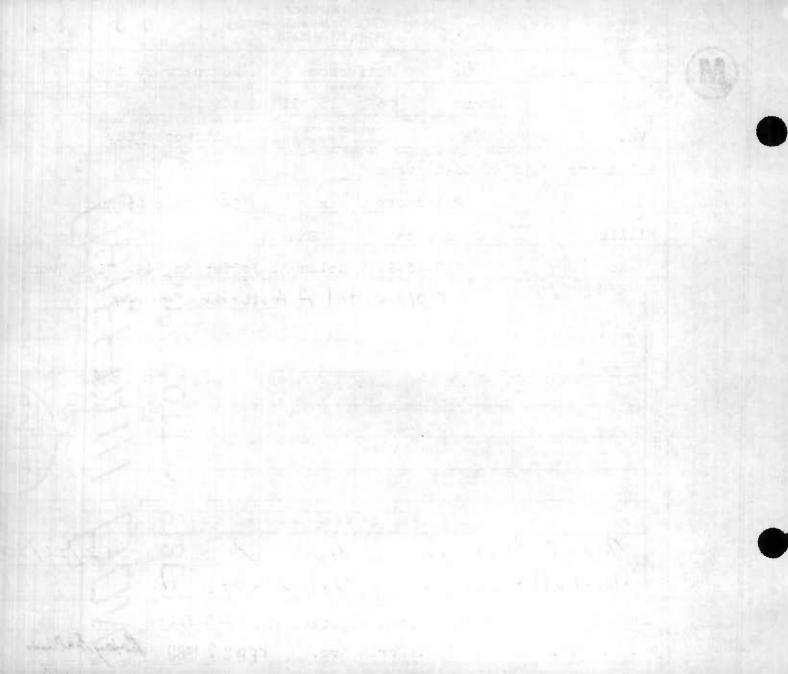
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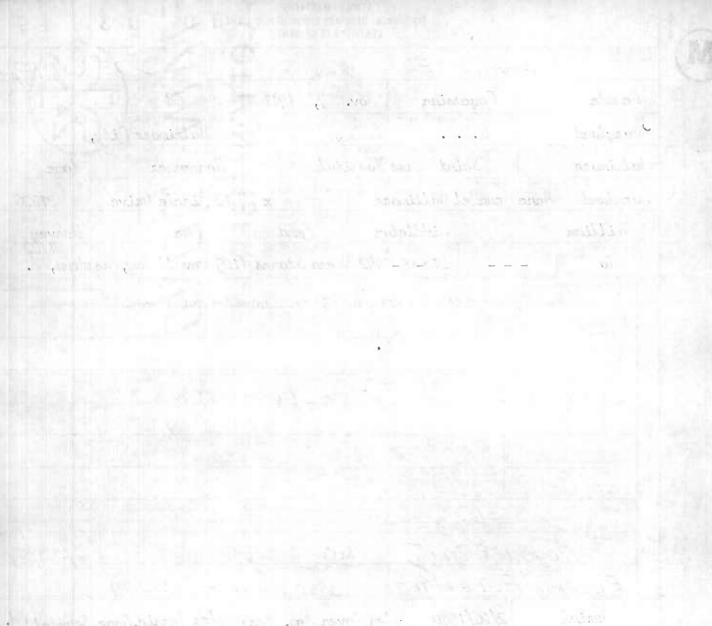
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	NO	gave ri cause (o lying cau	ns, if ony, which se to immediate stating the <u>under</u> use last.	. }	(b) UE TO, OR A (c)	AS A CON	SEQUENCE (	DF .	OR CONDITIO	N GIVEN IN PA	RT 1 (a).						
7	CERTIFICATION	19a. DATE OF	OPERATION	10	CONDITI	ION FOR V	WHICH OPER	ATION W	AS PERFOR	MED?					1100	UTOPSY?	NO:
3	MEDICAL CER	UNDERLYING CONTRIBUTI	NG CAUSE OF	DEATH	P.M.	MONTH	DAY YEAR			OCCURRE	D (ENTER N	ATURE OF INJUI	RY IN ITEM 18 P.	ART I OR PA	ART 2)		
	MEDI	WHILE AT WORK	OCCURRED NOT WHILE [ AT WORK		STREET, FACTO				TREET			CITY OR TOWN	N	cc	YTAUC		ST
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	23e.B	SPECIFY)	NT)TION, REMOVAL				IAME OF CEA	AETERY O	R CREMAT			CATION		COL	JNTY	51	ATE
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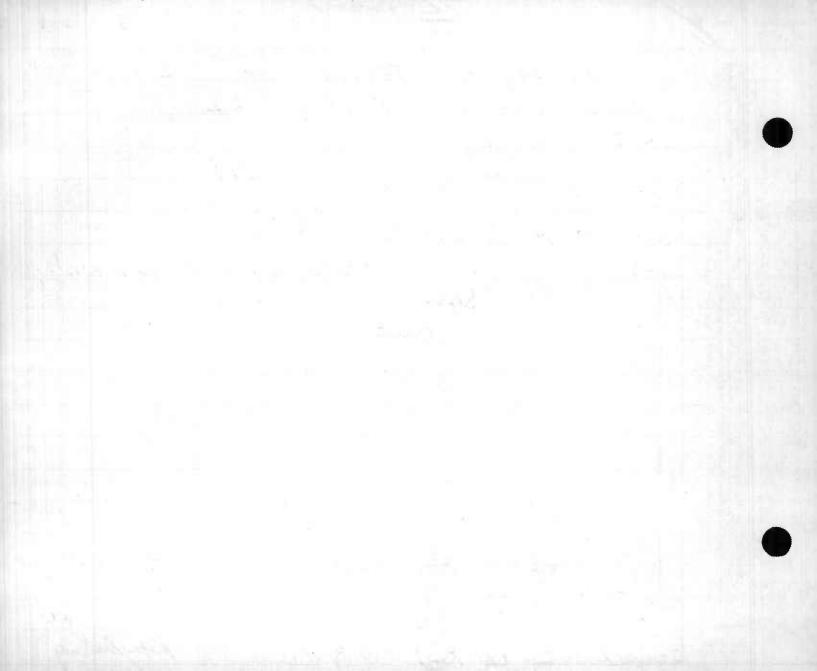


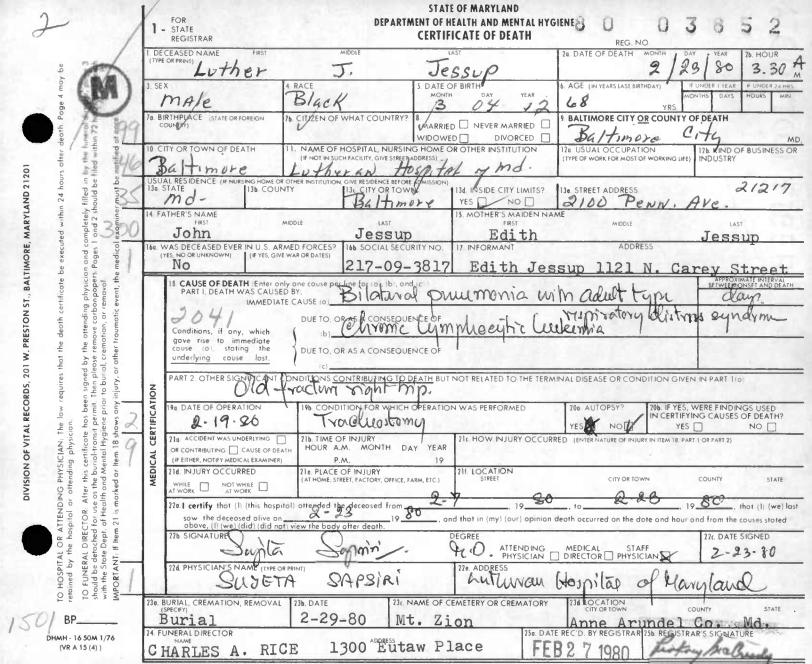
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M		CEASED NAME FIRST CON PRINT)	terine.	Ĕ.	ien Kins	20 DATE OF DEATH MONTH	23-80 /23
ge 4 mo	3. SE	remale	4 RACE Caucasia	an S. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)  68  YRS	IF UNDER 1 YEAR IF UNDER 74 HOURS M
leath. Po	9	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT U.S.A.	COUNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT Baltimore	
by the fulled with		altimore	(IF NOT SOUCH FACE)	TAL, NURSING HOME ( ITY, GIVE STREET ADDITIESS)  TOSP	or other institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS INDUSTRY Home
filled in hould be	1397	anyland Anne		SIDENCE BEFORE ADMISSION) ITY OR TOWN Thim re	13d INSIDE CITY LIMITS? YES NO X	130 SIREET ADDRESS Driv	
ompletely and 2 si	14 F	William	MIDDLE	idäleton	15. MOTHER'S MAIDEN NA	Mae	Harvey
be execu	16a \	VAS DECEASED EVER IN U.S. A res, no at unknown) (IF yes, GI		OCIAL SECURITY NO. 18-05-5442	Vena Stokes	1105 Duvall Hwy	21122 Pasadena, Md.
requires that the deons is signed by the otter. Then pleose remove into burial, cremation injury, or other troum	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  Livery NT	(c)	. /	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	VEN IN PART 1(a)
The law incran.  te has bee sist permit.  giene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATIO	0	20a. AUTOPSY? 20b. IF YE IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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BP	(	URIAL, CREMATION, REMOVA SPECIFY) Burial	2/26/1980	23c. NAME OF C	emetery or crematory aven Mem. Pan	k Glen Burnie A	ne Arandel Me
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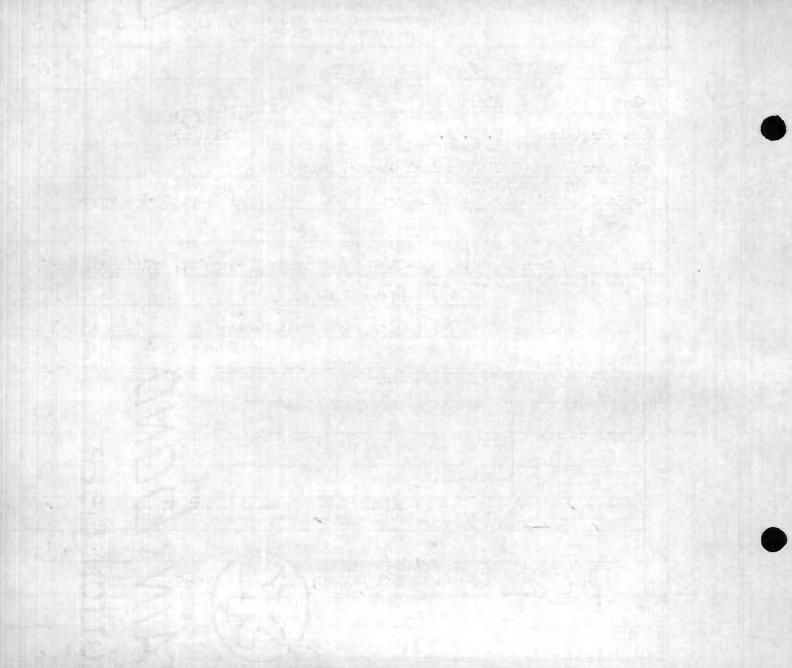
	- STATE REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0.
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(1	PE OR PRINT) Rosa	E	. J	enkins		2 1 80
3.	SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER I YEAR
	F	В	2 MONT	21 86 YEAR	93	MONTHS DAYS
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8			OR COUNTY OF DEATH
93	Va.	USA		ED NEVER MARRIED DIVORCED	Baltimon	
10	CITY OR TOWN OF DEATH		AL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATI	
- (90	Balto.		E. 33rd	St.	(TYPE OF WORK FOR MOST O	DE WORKING LIFE) INDUSTRY
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14.	FATHER'S NAME	1100	1100.	15. MOTHER'S MAIDEN NA		0014 0010
00	Unkn	MIDDLE	LAST	Mary	MIDDLE	Wrin
	. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16h SC	DCIALISECURITY NO.	17 INFORMANT	ADDRE	
/   "	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	11/4	Dorethea J	Honey	1603 E. 33
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	18 CAUSE OF DEATH   Ente		r (a), (b), and c' )			APPRO) BETWEEN
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	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	y leve	deg.	DITION CIVEN IN BADT I
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Additional agency

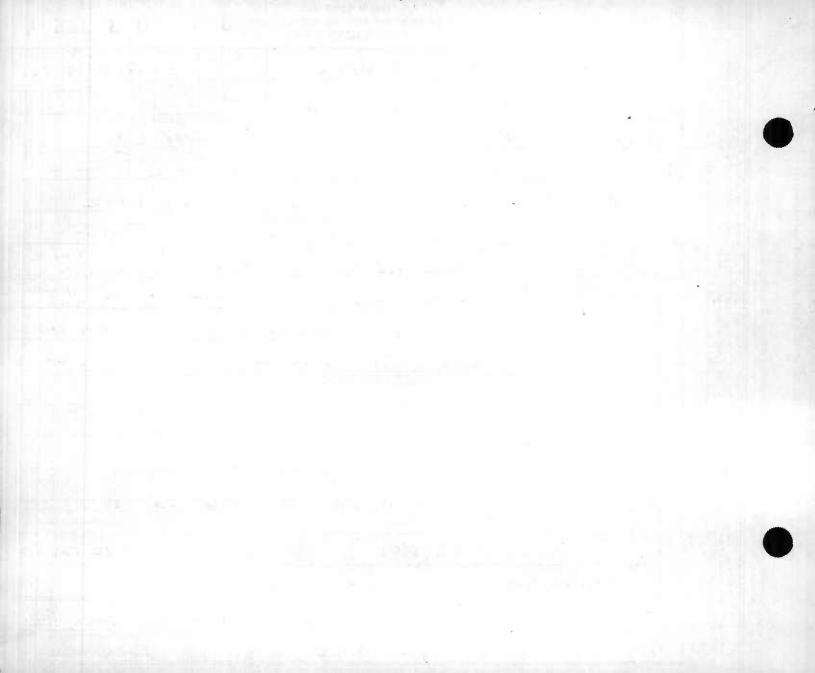




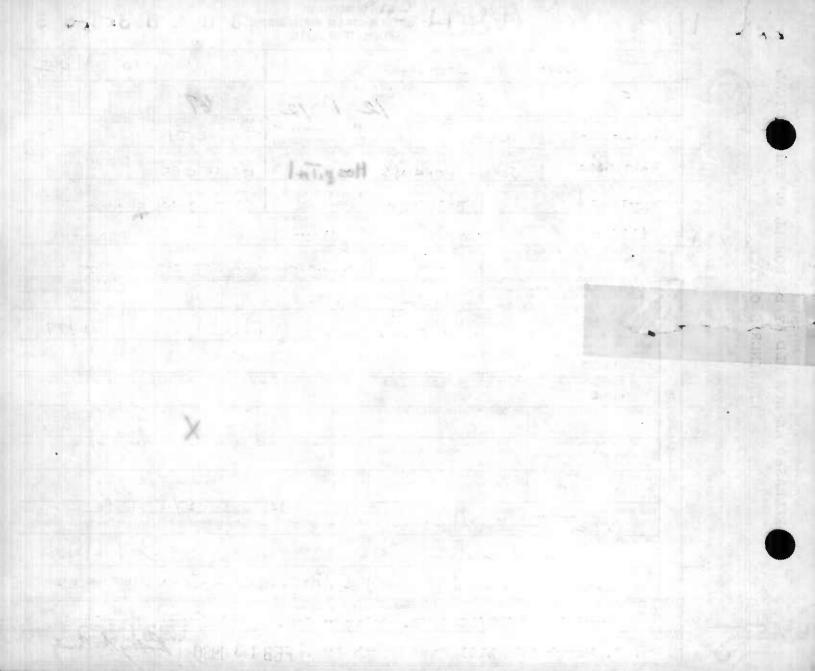
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST I. DECEASED NAME FIRST 20 DATE OF DEATH HTMOM DAY 2h HOUR (TYPE OR PRINT) JOHNSON 80 LENA -8-3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) / IF UNDER I YEAR IF UNDER 24 HRS 13 MONT VEAR DAYS HOURS 7a. BIRTHPLACE ISTATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Marvland DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12s USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTITIBILE HOUSEWIFE HOPKINS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? O Maryland Baltimore YES XX 2526 Robb Street NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Clara Sampson Stewart ADDRESS 169 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 2526 Robb Street Edward Sampson APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for ja), 16% and ici. 0 PART I. DEATH WAS CAUSED BY responder IMMEDIATE CAUSE (a). 87 DUE TO, OR AS A CONSEQUENCE OF 12/77 Conditions, if any, which gave rise to immediate cause (a), stating the ¥ DUE TO, OR AS A CONSEQUENCE OF underlying cause NON PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION NONE 90 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [] YES 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 'n 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 00 220. F certify that (1) (this haspital) attended the degegged from_ 50 saw the deceased alive an abave, (d (we) (d id not) view the bady after death and that in (aur) apinian death accurred an the date and haur and from the causes stated 226. SIGNATURE DEGREE 22t DATE SIGNED ATTENDING MEDICAL STAFF 3 IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN C 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) the JO HUS PIN LALL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23h. DATE (SPECIFY) CITY OR TOWN STATE 2/12/1980 Mt. Calvary Cem. Baltimore, Maryland Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE DHMH-16 25M NAME C. March F/H 1101 East North Ave. (VRA 15, 4) 1/79



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DHMH-16 25M (VRA 15, 4) 1/79	24 F	Wm. C. March F	'/H 1101 Fast			FR 1 3 1980	A CONTRACTOR	MED	ready

Jakon Walland

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO 20. DATE KNOWN . DECEASED NAME 2b. HOUR (TYPE OR PRINT) ESTI-Allen FOR YOUR FILES.
WITHIN 72 HOURS
PRESTON STREET, DEATH MATED 19 1980 THEODORE JOHNSON 3. SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEAR IF UNDER 24 HRS 2c. DATE 6:34 LAST SIRTHDAY) PRONOUNCED HE FUN DIRE 3 15 1964 male DEAD black. 19 180 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Maryland USA DIVORCED Baltimore City N PAGE 5 BE FILED, V DS, 301 W. ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Student OR INDUSTRY Baltimore University Hospital 3. RETAIN P. SHOULD BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 130. STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13e, STREET ADDRESS Balto. Md 1811 W. Baltimore Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 18. GIVE PAGES 1, WITH FORM PM. T. PAGES 1 AND T. DIVISION OF VIT Harold Jenkins Shirley D. Johnson 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Shirley D. Johnson 1811 W. BaltoSt. 18. CAUSE OF DEATH (Enter anily ane cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound to right arm and head DUE TO OR AS A CONSEQUENCE OF REMOVAL BURIAL-TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 | 0| CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? OF BURIAL YES K NO [ BE PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING TOR MEDICAL subject shot CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME AT WORK AT WHILE house 2nd floor 1808 W. Balto. St. Baltimore, Maryland SHOULD BE FORVER PORTY WITH THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE Autopsy X 22a. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Hamicide X death resulted fram Accident Undetermined manner Natural causes TITLE (SPECIFY) EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, N BALTIMORE, MA SIGNATURE EXAMINER'S NAME TYPE OR PRINT Margarita A. Korell, M.D. ADDRESS. 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 23b. DATE 230 NAME OF CEMETERY OR CREMATORY COUNTY Burial 24. FUNERAL DIRECTOR **DHMH-17** Brown & Son PA 1913 W. Balto VR A15 ME (5)

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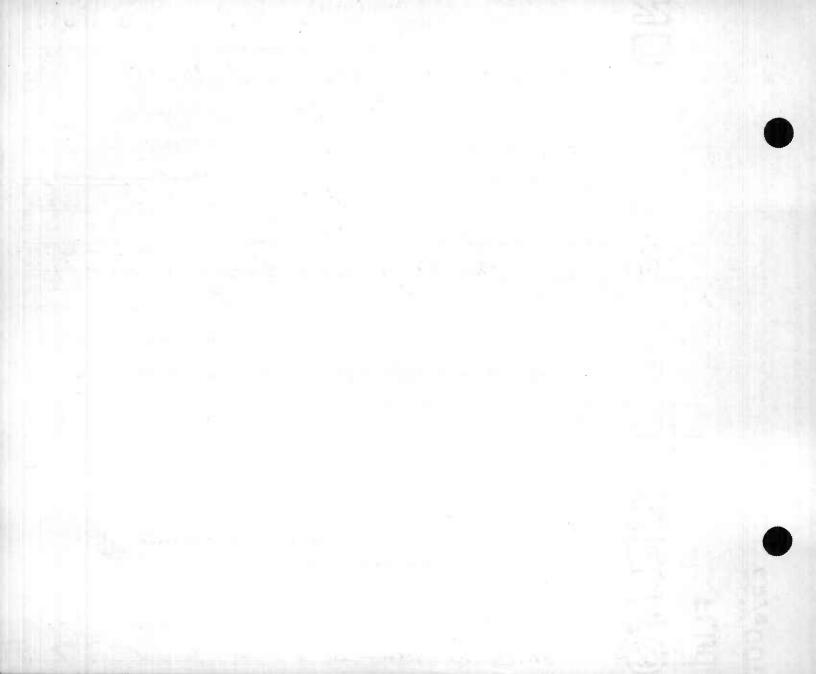
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Hygiene p	LIFIC	NONE		- 14			YEST NOD	IN CERTIFY IT	NG CAUSES	OF DEATH?
Mental Hygiene pri		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A	.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	1 OR PART 2)	
ked or	MEDICAL	21d. INJURY OCCURRED	21R PLACE	OF INJURY	19	211 LOCATION				
marked	¥	WHILE NOT WHILE AT WORK	JAT HOME, S	TREET, FACTORY, OFFI	CE, FARM, ETC.)	STREET	CITY OR TO	WN IB	COUNTY	STATE
Item 21 is n		22a. I certify that (I) (this hasp saw the deceased alive ar		13/2/19	Cal 3	nd that in (my) (aur) opinion i	death occurred on the d	ote and hour a	nd from the	that (I) (we) la
pt. o		abave, (1) (we) (did) (did no 22b. SIGNATURE	at) view the bad	y ofter death		DEGREE			22c DATE	SIGNED
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with the State Del		A. GLAZI	ER.	MO		JOHNS HOPK	CINS HOSPI	TOL.		1
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	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 8 0 0 3 3 6 0 REG. NO.
	I. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOURS
9 e e	TYPE	CORA	Dozal	JONES	2-7-1980 10 B
pog er de	3. SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HR
Page 4 may be a director, page 3 hours offer death		F	11 Lite	9-15-1896	83 YRS. MONTHS DAYS HOURS MIN
E \2 2 87 6	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY) RI/LAND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH
by the fune filed within	10 C	TY OR TOWN OF DEATH  38671MORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 303 807 T	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
ours e fil	USU	AT RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E AOMISSION)	Messer Jaunday
lled ould		Mid.	Dallin	ma YES NO	303 SCOTT St. 2123
÷ 0 ~ C	14. F/	ATHER'S NAME	MIDOLE LAST	15 MOTHERS MAIDEN N	IAME SIDE SIDE SIDE SIDE SIDE SIDE SIDE SID
d d d	1	Welliam	Leona	N Mall	ie in
ond ond		VAS DECEASED EVER IN U.S. AR/	MED FORCES? The SOCIAL SECU	JRITY NO. 17. INFORMANT	Howard 1922 Victory Deep
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9 2505	CERTIFICATION	ased	es		
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PHYSICIAL ending physicial this certifice buriol-trand Mental dor them?	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	
ed the	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET 30 3	Scott Sylvatown/ Sulla County / STATE
S A S S S S S S S S S S S S S S S S S S			tol) attended the deceased from_	Ca / 2 10 X	19 80, that (I) (we) la
TTEN Pritol for us		sow the deceased alive on.		80, and that in (my) (our points	m death according the date and hour and from the couses stated
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^/	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. (	NAME OF CEMETERY OR CREMATORY	23d COCATION COUNTY STATE
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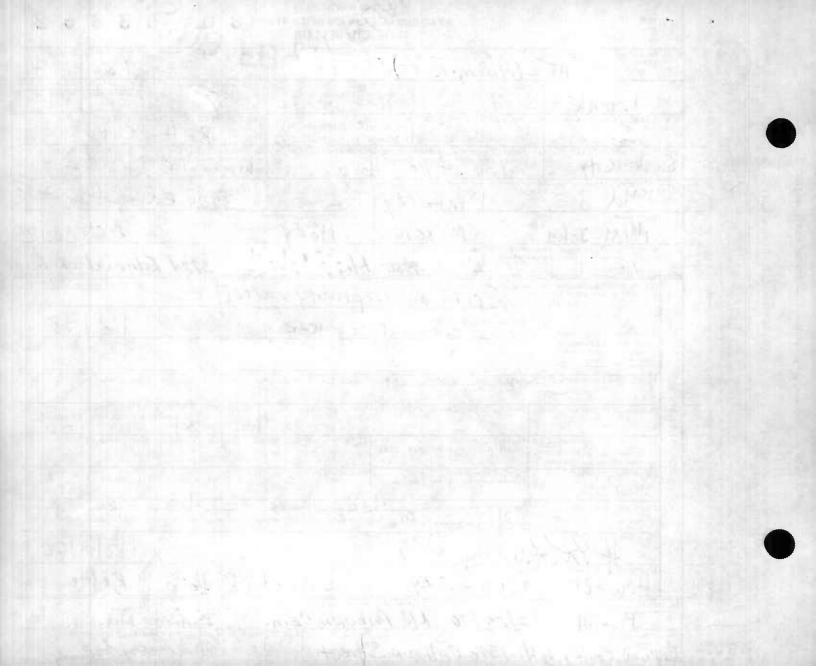
Th STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ORDS, 20	aw requires een signed Then pleas for to burial any mjury.	NO.		NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM		
AL RECC	I: The I te has b permit. iene pri	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	_ IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
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	ATTI		270.1 certify that (1) (this haspital) saw the deceased alive on abave, (1) (we) (did) (did not) vi-	2117 19 80 and that in (my) (our) opinion	death occurred on the date and ha	ur and from the couses stated
	TAL OR y the hosp RAL DIR detached tate Dept INT: If Ite		226. SIGNATURE	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	217 60
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1648	BP	L	Burial	2/23/80 MH, Auburn CEm	234 LOCATION CITY OF TOWN	COUNTY STATE
	DHMH-16 25M (VRA 15, 4) 1/79	0	FUNDAL BAILEY F.A	1. 1348 CALLOUN Street. BEDAT	B 1 9 1980	CLARACE SIGNATURE



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3. SI	/ JAUNI		AGE (IN YEARS IF UND LAST BIRTHDAY) MONTHS			2 6 MONTH D	AY YEAR	94:06 a
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			DAY YEAR		LENTER NATURE OF INJURY IN ITEM I	B PART 1 OR PART 2)		
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		e of the remains described above	e, held an Autops		X, Inquiry , o	and in my apinio },		
2	ACTUAL SIGNATURE	unjo	M.(	Assistant	_MEDICAL EXAMINER	DATE SIGNED_	2-6-80	
722	EXAMINER'S NAME AT (TYPE OR PRINT)  BURIAL, CREMATION, REMOVAL 2	nn M. Dixon, M.	D. AME OF CEMETERY OR	ADDRESS	Penn St.			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENES STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20 DATE OF DEATH DECEASED NAME YEAR 2b HOUR (TYPE OR PRINT) Jones Leoma 4 RACE DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) DAYS Female White 2, 1900 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Baltimore City Maryland WIDOWED IL CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore City Hospitals Office Baltimore DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 8010 Nynbrook Rd. 21224 Eastpoint 113d INSIDE CITY LIMITS? Baltimore Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Scheidt Johannah Becker Henry ADDRESS 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 212-14-3731 Clifford Gettings APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (a), stating the DUF TO, OR AS A CONSEQUENCE OF GASTRO INTESTINAL BLEEDING underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/D CERTIFICATION 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21n ACCIDENT WAS UNDERLYING 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY 0 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) this haspital) attended the deceased from 80 saw the deceased oliverse 2 dobve (II) we) (did) (did no) view the body after death and that in (my (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL * DIRECTOR PHYSICIAN PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should b RICHARD T. MCGCALLGALIN 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore County, Maryland 2-14-80 Gardens of Faith Cem. DHMH - 16 60M 1/75 Home PA 1407 Old Eastern Aver FB

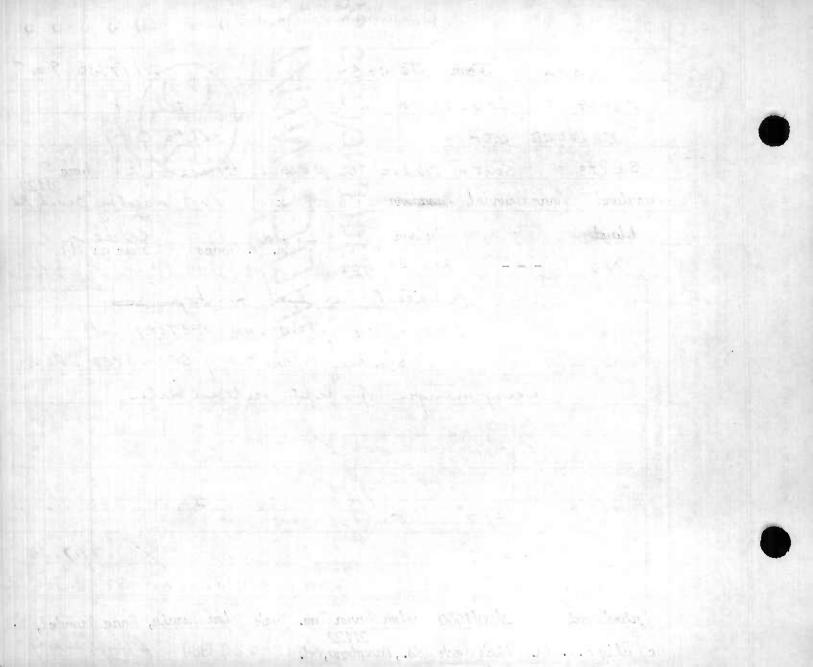
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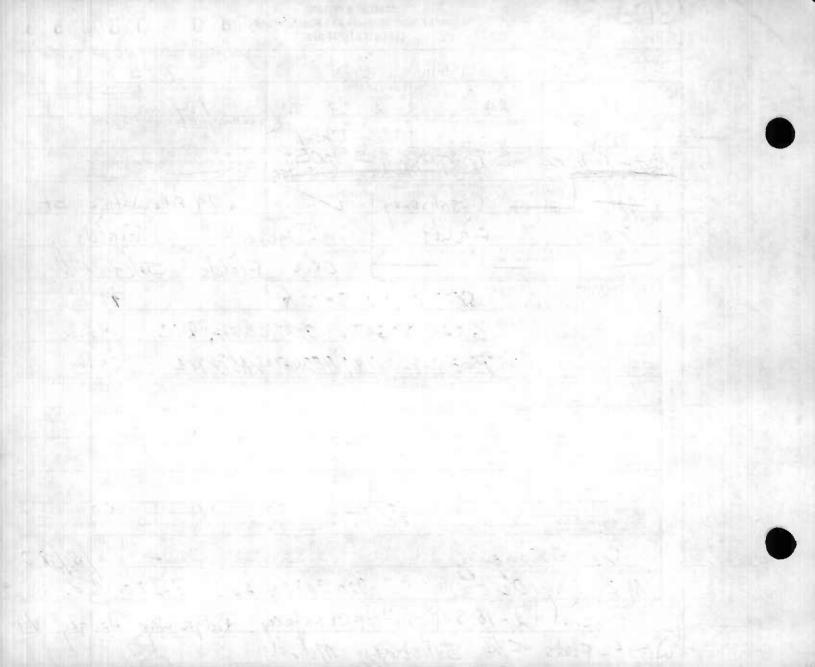


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Baltimore    11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION   1786 OF WORK   178 KIND OF BUSINESS OR INDUSTRY	FOREIGN COU	ITRY)	CITIZEN OF WHAT COUNTRY?		R MARRIED	_
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).		C M			S MAIDEN NAME	LAST
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a).   Asphyxia from occlusion of tracheostomy by   Conditions, if ony, which gave rise to immediate cause (a) stating the under-   lying cause lost.   Ving	(YES, NO, OR	ASED EVER IN U.S. ARMED INKNOWN) (IF YES, GIVE WAR	FORCES? 16b. SOCIAL SE			DRESS
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UNDERLYING CAUSE OF DEATH  ? P.M. 2/7/Cg  Displacement of tracheostomy canula  **If LOCATION  **STREET**  **If LOCATION  **I			作品 医自己			
AT WORK AT WORK XX at nome 1853 W. North Ave., Balto., Md.  27a. I certify that I taak charge of the remains described above, held an death resulted fram: Not allow Accident XX Suicide Hamicide Undetermined manner Accident XX Suicide Hamicide Undetermined manner Accident Signature  ACTUAL SIGNATURE Hormez R. Guard, M.D.  111 Penn Street, Balto., MD 21201		YING OR	TH P.M. 2/7/8	YEAR Displacen		ITEM 18 PART 1 OR PART 2)
death resulted fram: Not Accident XX Suicide Hamicide Undetermined manner  ACTUAL TITLE (SPECIFY)  ALCTUAL ASSISTANT MEDICAL EXAMINER SIGNED 2/8/80  EXAMINER'S NAME HOrmez R. Guard, M.D. 111 Penn Street, Balto., MD 21201	21d. INJ WHILE AT WO		STREFT, FACTORY, FARM, ETC.)	STREET	North Ave., Ba	
EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Balto., MD 21201	220.	11		Suicide Hamicid	le Undetermined manner	
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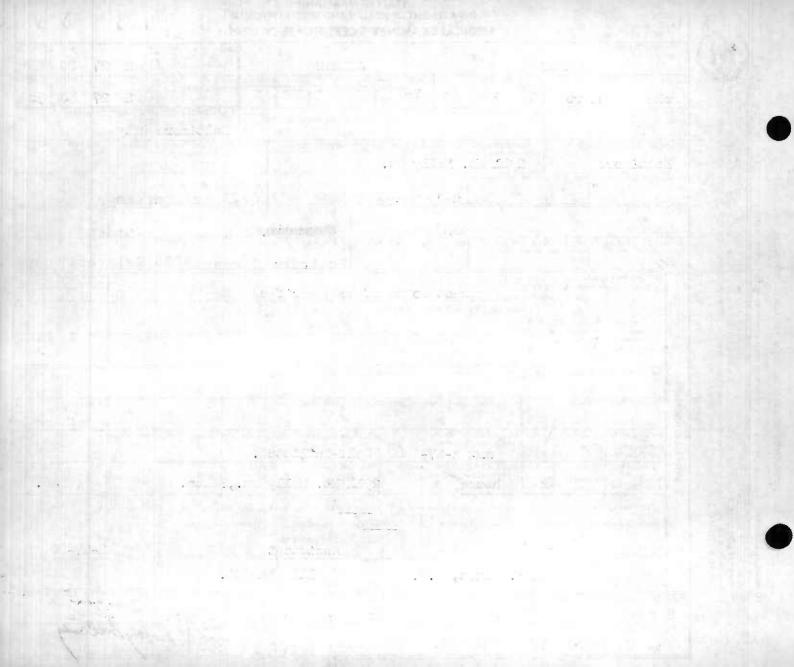
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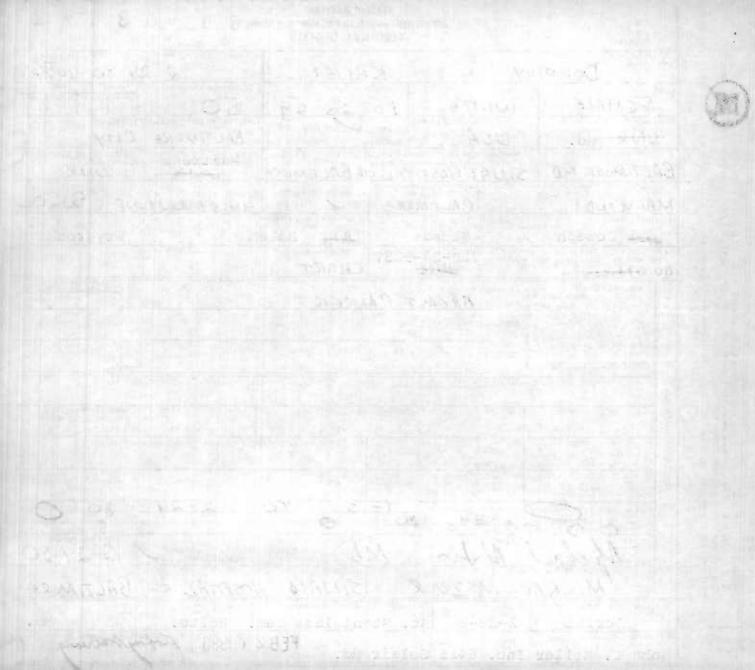
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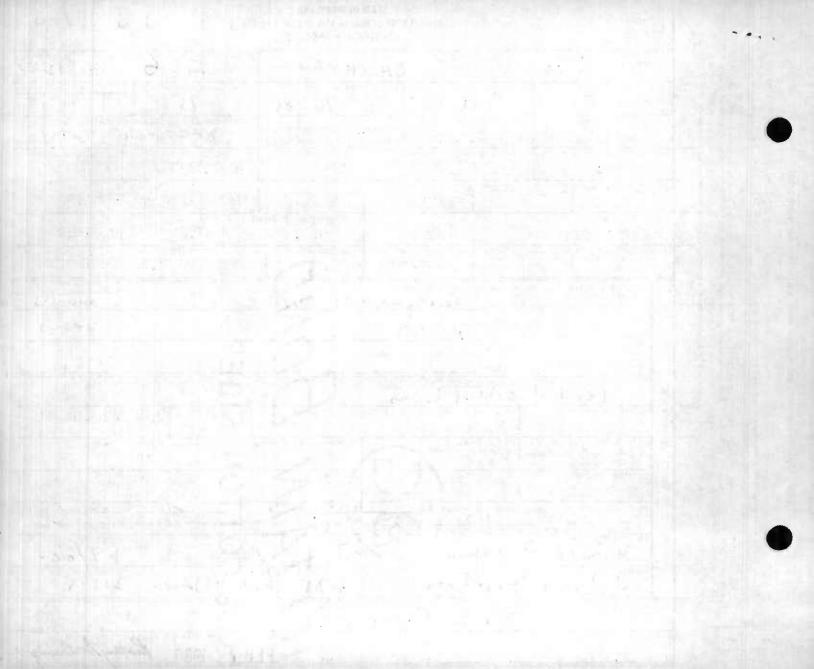


4	FOR STATE REGISTRAR	DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENBO (REG. NO.	0 3 3 7 0
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AND 212 24 hour filled in ould be must be	USUAL RESIDENCE (IF NURSING HOM 130. STATE 136 CC Maryland	e or other institution, give residence before admission DUNTY 136. CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 6401 Loch	Balt., Md. 21239 Raven Blvd.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert oftending physicion. Ifter this certificate has been signed by the oftending post the buriol-fronsit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or ren orked or them 18 shows any injury, are other traumatic ev	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  T CONDITIONS CONTRIBUTING TO DEATH BU	Sometica.	ASCUD	
AL RECORD he low req on. t permit. The ene prior te ows ony inj	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION	DN WAS PERFORMED		DIL IF YES, WERE FINDINGS USED  N CERTIFYING CAUSES OF DEATH?  YES \( \bigcap \) NO \( \bigcap \)
SECIAN: Tog physici certificate rirol-tronsi entol Hygg Ihem 18 sh	OR CONTRIBUTION TO CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18, PART 1 OR PART 2)
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OR ATTENDIO e hospital or DIRECTOR: A crited for use Dept. of Heal		ospital) attended the deceased from 4 from 19 non 2 line for death.	DEGREE		ond hour and from the couses stated  22t, DATE SIGNED
TO FUNERAL I Should be deto with the Stote IMPORTANT; If	22d. PHYSICIAN'S NAME (IV Dr. <b>G</b> atpal	PEORPRINT) S. Dang	22. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN  Ave. Dunda	1k, Md 21222
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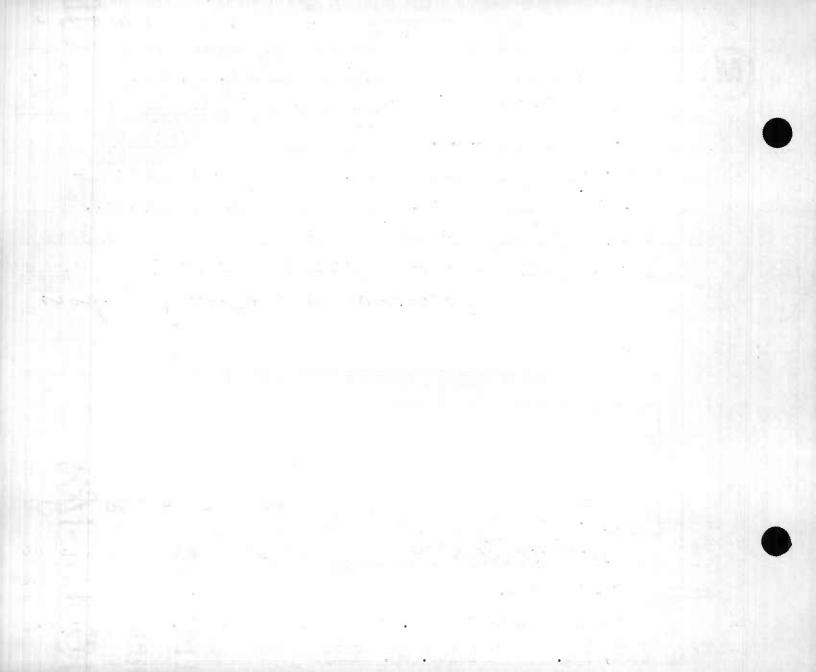
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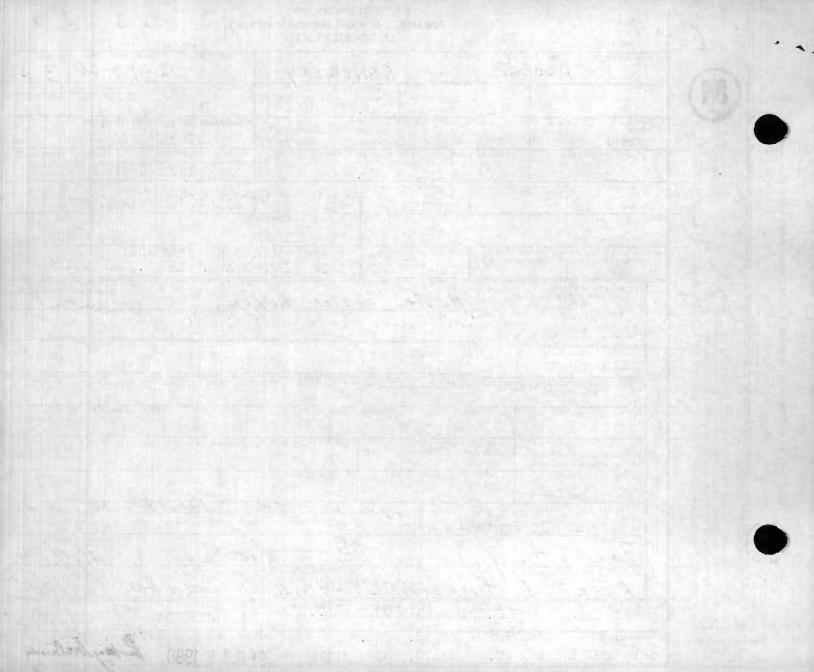


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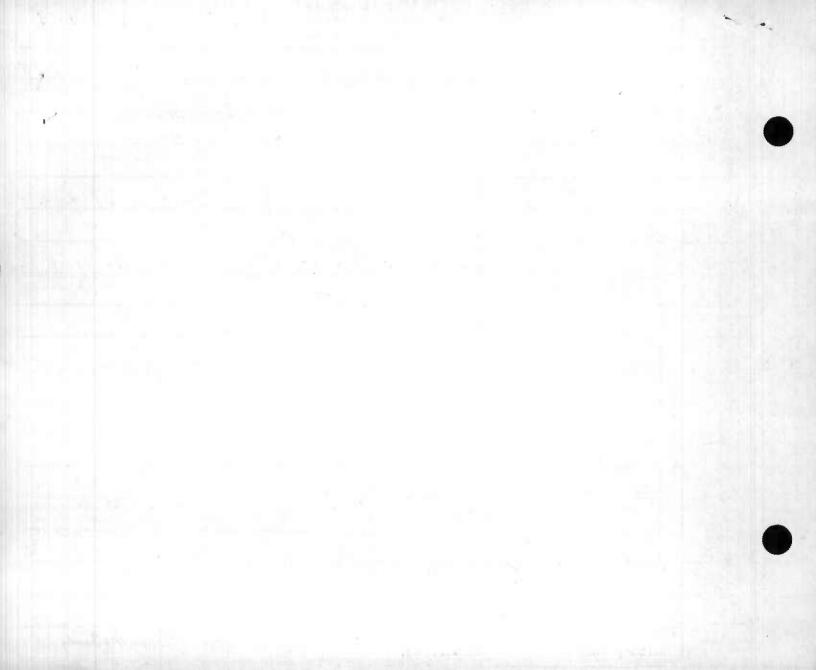
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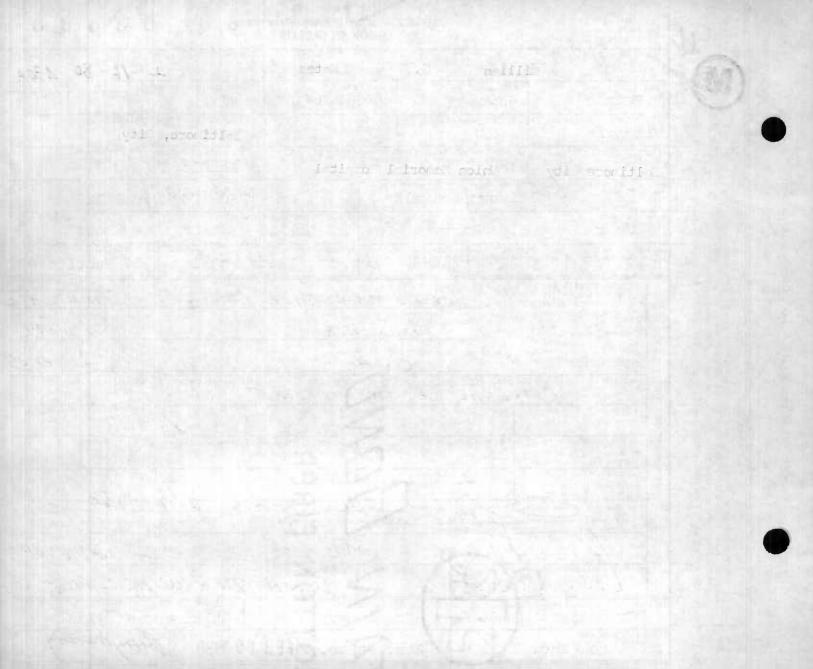
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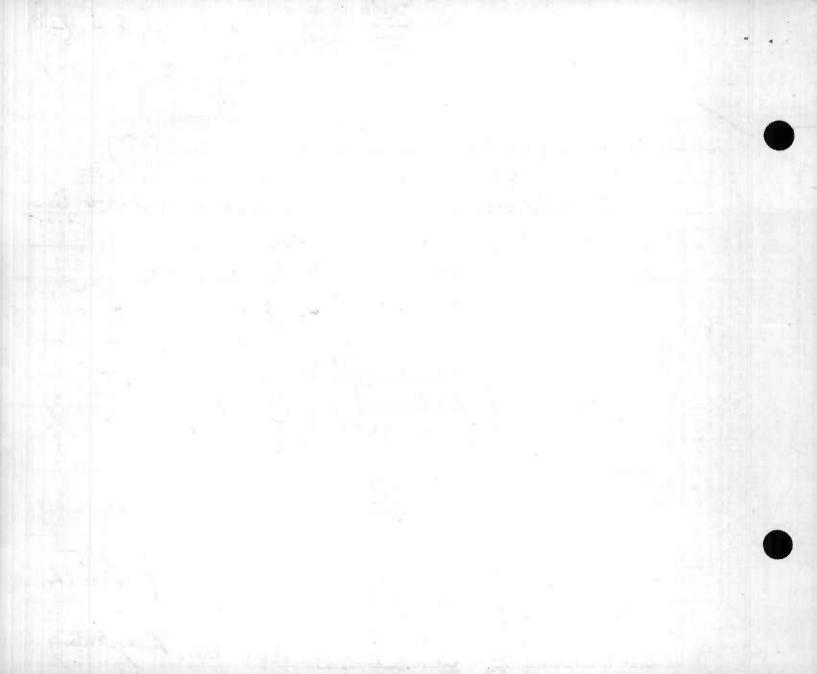
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST Kates 20 DATE OF DEATH MONTH DECEASED NAME LIBBIE S. Kates 4 RACE 5 DATE OF BIRTH Female NOV. 2 1908 EAR White 71 To BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia USA Baltimore, City WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 120 USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Landlord INDUSTRY Baltimore City DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

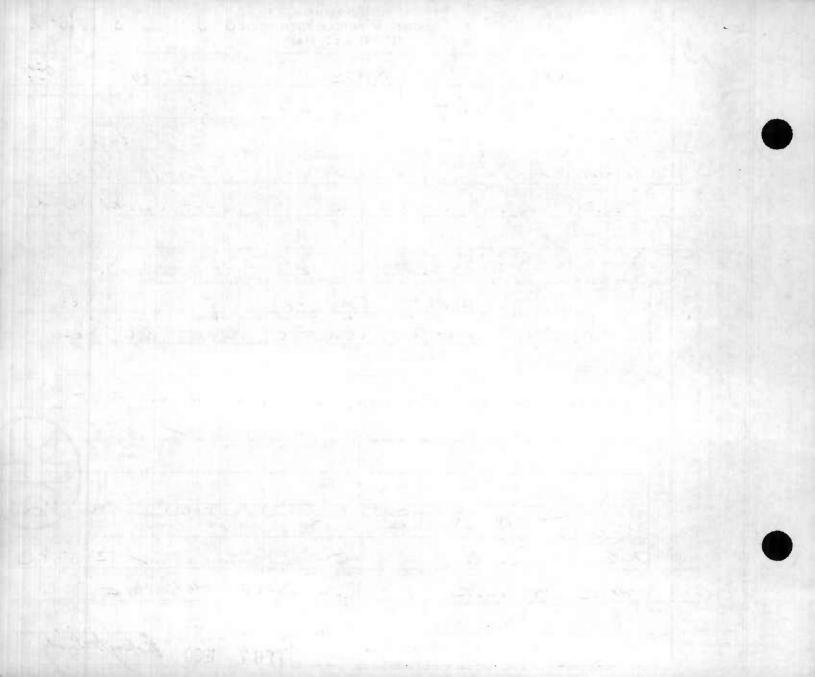
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3d INSIDE CITY LIMITS? 2609 Yorkway 21222 14 FATHER'S NAME Harry Edgar Lillie Patten Virginia Beach, Va23455 17 INFORMANT 166 SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YNOOR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 218-22-2914 Mrs. Alice Watkins 5037 Madeira Rd. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY MARIO- GUINMANY ARREST IMMEDIATE OR AS A CONSEQUENCE OF WEUMONIA Canditians, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE NOT WHILE 220 I certify that the (this hospital) attended the deceased from. saw the deceased alive an_ , and that in (my) our) opinion death accurred on the date and haur and fram the couses stated 27b SIGNATION DEGREE MEDICAL should be deta with the State IMPORTANT: 1 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ild b UMH. ZOI E UMVERSITY 231 NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECCremation Baltimore Maryland 2/18/80 Green Mount 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 ROGISTRAR'S NOT TUBELY DHMH - 16 60M 1/75 Duda-Ruck Inc. 7922 Wise Ave. Balto. Md EB 1 (VRA 15 (4))

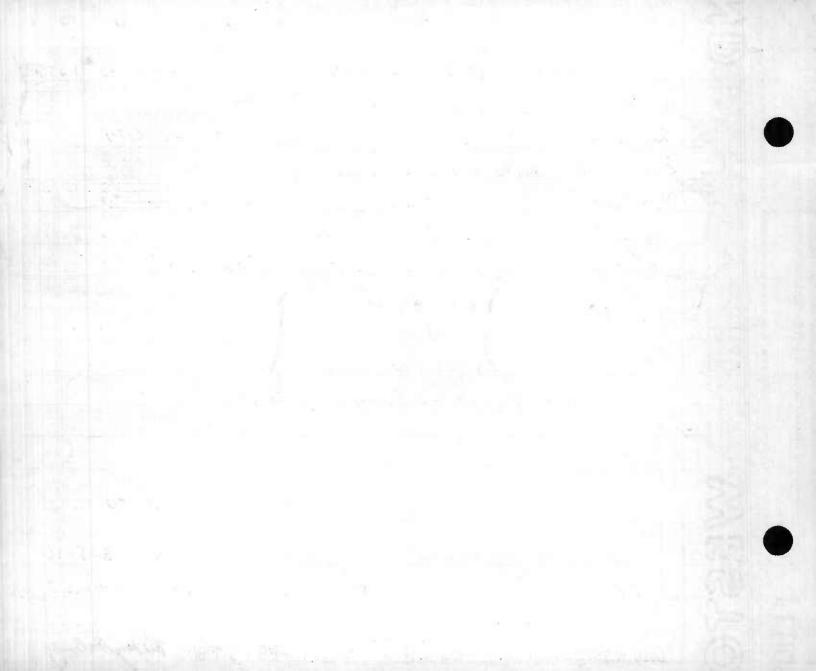


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME LAST 2a DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF LINDER 24 HRS YEAR MONTHS DAYS HOURS CAUCASIAN ALE S TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA PENNSYLVANTA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12a USUAL OCCUPATION IF NOT HASUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SALES MANAGER AUTO AGENCY USUAL RESIDENCE IF NURSING HOME OR DIMERTING THE PROPERTY OF TOWN STREET ADDRESS 13d. INSIDE CITY LIMITS? BALTIMORE XXXXXX 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE HOFFMAN JOSEPH GABRIEL KATZ BESSIE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MRS. RUTH ASPIEZS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 230 SUDBROOK LA. BALTO., MD 21208 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) APPROXIMATE INTERVAL METWEEN CHOICE AND DEAT PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO: OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER STONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THERERMINAL DISEASE OR CONDITION GIVEN TEXAL 28 or CERTIFICATION No DATE OF OPERATION ON FOR WHICH OPERATION WAS PERFORMED 10k IF YES, WERE FINDINGS USED 20s AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES C TIE ACCIDENT WAS UNDERLYING TIME OF INJURY CENTER HATURE OF PHANT IN ITEM 18, PART I OR PART TO 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL OF EITHER, NOTIFY MEDICAL EXAMINABLY 21d INJURY OCCURRED 211 LOCATION ö TIN PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM, ETC I STREET. CITY OF TOWN COUNTY STATE 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURI DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF ould be deith the State DIRECTOR PHYSICIAN TO PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL NAEMANOVAL 23c NAME OF CEMETERY OR CREMATORY 236. DATE 23d. LOCATION (SPECIFY) BOXIN KAIN FEB.7,1980 PIKESVILLE BALTO DRUID RIDGE MÖ 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., DHMH-16 20M FEB ? 1980 (VRA 15, 4) 7/7B 6010 REISTERSTOWN RD RALTO





18	1.	FOR STATE REGISTRAR		DEPARTA	ENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IEN® 0	0 3	8 8 3
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1	3. SE	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRTH	HDAY) IF I	INDER : YEAR # UNDER 4 HR
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nerol di narol di Serie.		RTHPLACE ISTATE OR FOREIGN DUNTRY) Maryland	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY OF		DEATH MD.
201 rs ofter d fled with	/	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI UNION MEMORIA		DDRESS		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMAKET		12b KIND OF BUSINESS OR INDUSTRY
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MARYLA within ted within ted within ond 2 sh		THER'S NAME George Hensle		LAST			chler MIDDLE	WE THE	LAST
TIMORE, be execu		VAS DECEASED EVER IN U.S. AR (15, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	217-14-9		17 INFORMANT Edward C. Kai		7 ^S E. La	ke Ave.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours reflecting physicion.  When this certificate has been signed by the offending physicion and completely filled in by as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be file than and Mentol Hygiene prior to buriol, cremotion, or removal.  Or shows ony injury, or other traumottic event, the medical examinermust be not accepted.	NO	PART 2 OTHER SIGNIFICANT	DUE TO, OF	RAS A CONSEQUE	NCE OF		INAL DISEASE OR COND	DITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECOLUM RECOLUM RESOLUM RES	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WIN CERTIFYIN	ERE FINDINGS USED G CAUSES OF DEATH? NO 1
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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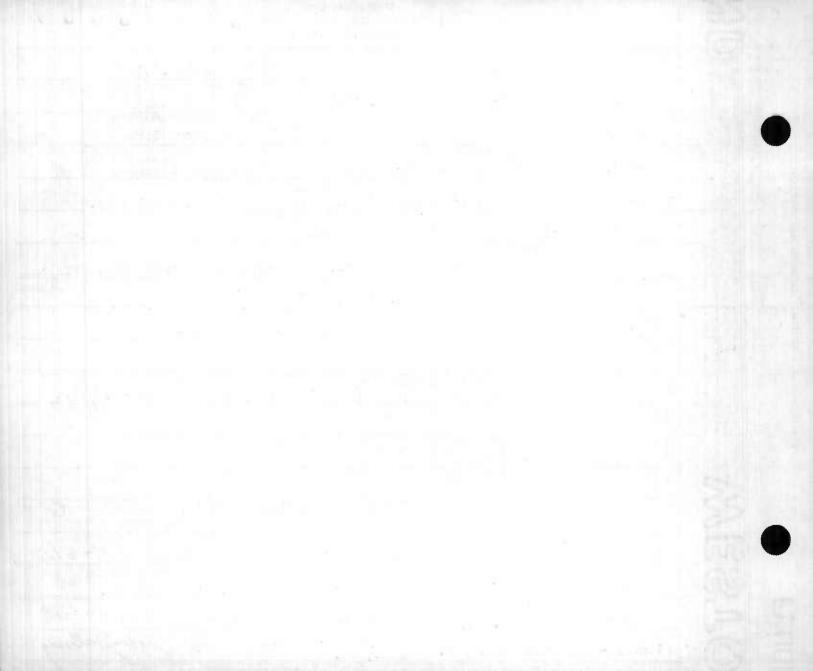
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10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   128 USUAL OCCUPATION   128			1	USA				Bal time	ore Ci	tv	
Baltimore  Sinai Hospital  Bookkeeper  Golf Club  USUAL RESIDENCE (IF NURRING BORD CONTERN BASTILLION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE  Md Hapford  Forest Hill  15 MOTHER'S MAIDEN NAME FIRST  William Lippy  LAST  William Lippy  LAST  William Lippy  LAST  IS MOTHER'S MAIDEN NAME FIRST  William Lippy  LAST  LEONA HARE  (YES, GIVE MA OR DATES)  (YES, GIVE MA OR DATES  (YES, GIVE MA OR DATES)  DUE TO, OR AS A CONSEQUENCE OF  CONDITION, MICH GOVERNORM IN PART 1 ID  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID  OR CONTRIBUTING CAUSE OF DEATH HOW A.M. MONTH DAY YEAR  P.M. 19  211 LOCATION  2121 LOCATION  213 PLACE OF INJURY  214 LOCATION  215 PLACE OF INJURY  215 LOCATION  216 LIVER FORM  CINNE FORM  COUNTY OCCURRED  216 PLACE OF INJURY  217 LOCATION  218 PLACE OF INJURY  218 LOCATION  219 LOCATION  219 LOCATION  211 LOCATION  211 LOCATION  211 LOCATION  211 LOCATION  212 LOCATION  213 LOCATION  214 LOCATION  215 PLACE OF INJURY  CINNER FORM  CINNER FORM  CINNER FORM  CINNER FORM  CONTRIBUTIONS  CONTRIBUTIONS  CONTRIBUTION OF COUNTY IN THE MICH OF PART 2)  211 LOCATION  212 LOCATION  213 LOCATION  213 LOCATION  214 LOCATION  215 LOCATION  215 LO	10 C					IG HOME C		12a USUAL OCCUPAT	ION	12b. KIND C	
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14. FATHER'S NAME   FIRST   William Lippy   LAST   LAST   LEONA HATE   LAST   LAS	13a. S	STATE	136 COU	NTY	13c CITY OR TOW	N					
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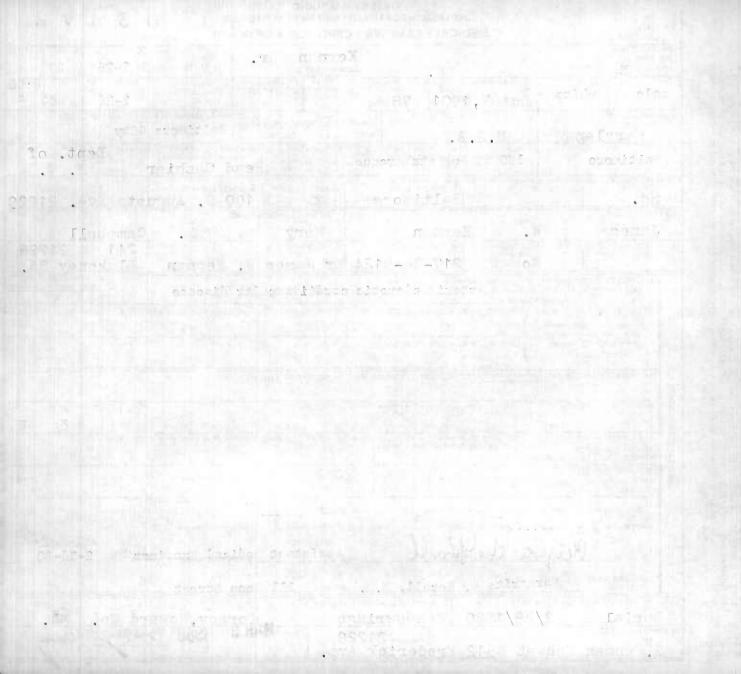


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VA	ו	FOR - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH.	REG. NO.	3090
1		DECEASED NAME FIRST	MIDDLE	CAST	24 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
(B/L)	(1	ARTHU	R c.	KELLY sr.	FEBRUARY 2	9, 1980 8:43
CAR	3 :	SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS CAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HI
s after.		Male	White	November 14,1914	65 YR	MONTHS DAYS HOURS ME
neral directly fied at o	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	75 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COU	
urs if by decition of the function of the func	3 10	CITY OR TOWN OF DEATH  Baltimore		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN EXECUTIVE	126 KIND OF BUSINESS
uld be file			ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NIY 13c CITY OR TOV timore Luthery		13. STREET ADDRESS 1030 Jamieso	n Road
euted with	14. (C)	FATHER'S NAME  John FIRST	T. Kelly	15. MOTHER'S MAIDEN NA FRIST Mary		Donaldson
- 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5	160	WAS DECEASED EVER IN U.S. AR		URITY NO 17 INFORMANT	ADDRESS	
the see of	4	(YES, NO OR UNKNOWN) (IF YES, GIV	213-09-7	7324 Mrs. Eileen	T. Kelly 1030	Jamieson Road
e death cert reate trending physicis e carbon papers, e carbon papers, in removal.		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), or iD BY TE CAUSE (a) PA MONA DUE TO, OR AS A CONSEQU	ary edema	in farction	APPROXIMATE INTERVEL  I h V  hours
w requires that the desear signed by the atten. Then please remove can. Then bull, cremetion, any injury, or other trea	2		DUE TO, OR AS A CONSEQUENCE COVER PRODUCTIONS CONTRIBUTING TO	JENCE OF	ase	years
The la	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
HYSICIAN physician is certifica altransit ental Hyg	.0	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH		RED (ENTER NATURE OF INJURY IN ITEM	T8, PART T OR PART 2)
DING PH ttending ; After thi s the buri th and M marked o	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
ALOH ATTEN the hospital or a ALOIRECTOR: stacked for use a te Dept. of Heal		saw the deceased alive on	ital) attended the deceased from 19-212 y view the body after death.	DEGREE  ATTENDING PHYSICIAN [	death occurred on the date and  MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED
PIT, by t by t ERA e der		224. PHYSICIAN'S NAME (TYPE O	PRINT) F/6	220 ADDRESS Johns	Haskins Ha	cout 1
D HOS tained D FUNI ould be th the		Martha	L. CIL	001/113	10/10/19	12.181
0 7 7 0 a F	230	Martha.  Burial, CREMATION, REMOVAL (SPECIFY) Entombment		NAME OF CEMETERY OR CREMATORY Druid Ridge	234 LOCATION CITY OF TOWN Pikesville RECCO BY RECCESSOR 2556 RE	

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1	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	8 9 2
'	= STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	PECEASED NAME FIRST	MIDDLE LAST CO. DATE KNOWN MONTH	DAY YEAR 26 HOL
(,	HERBERT	B. KERMAN OF ESTI- DEATH MATED 2-2	6 19 80
	EX 4. RACE	5. DATE OF BIRTH 6. AGE (INYEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 9 HO
	male white	Oct 7, 1901 78 yrs. AND THE TREE TREE TO THE TREE TREE TREE TREE TREE TREE TREE	6 19 80 a
	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNT	
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0.	CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK)	DEPHOUSTRO I
		Head Cashier	M. V.
	STATE 113h COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY   13c CITY OR TOWN   13d INSIDE CITY LIMITS?   13e. STREET ADDRESS	
	Md.	Baltimore YESX NO□ 100 S. Augusta	Ave. 21229
14.	FATHER'S NAME FIRST	MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
	James	W. Kernan Mary E. Camp	
l 6a	(YES, NO, OR UNKNOWN) (IF YES, GIV	(E WAR OR DATES)	21228
			keney Rd.
	18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	nly ane cause per line far (a), (b), and (c).) ED BY: Arteriosclerotic cardiivascular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4190 IMMEDIA	ATE CAUSE (a)	
	Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
	gave rise to immediat	e / (b)	
	lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	1
Z		S CONTRIBUTION OF STATE BUT NOT RELATED TO THE TERMINAL DISEASE UK CONDITION GIVEN IN PART 1 (0).	
ATIC	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
JFIC			YES INO
CERT	210 EXTERNAL CAUSE WAS	216, TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PAR	
MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR DEATH P.M. 19	
EDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME, 21f. LOCATION	
X	WHILE ONOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COU	NTY STATE
	Andread to the services	rge af the remains described above, held on Autopsy , Inspection , Inquiry , and in my api	nion
		ural causes . Accident . Suicide . Hamicide . Undetermined manner .	mon
1	Sedin resolved from Name	TITLE (SPECIFY)	
	ACTUAL SIGNATURE	Assistant Medical Examiner Signet	2-26-80
	3.50101010		
	EXAMINER'S NAME ME	argarita A. Korell, M.D. ADDRESS 111 Penn Street	
23a.	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OF TOWN COUNTY	atat2 ♥ YI
	Burial 2	1/20/1080   Mandawridge   Danger Haward C.	D/IN
24.	FUNERAL DIRECTOR	ADDRESS 21229 250. DATHER BYREGISTER STREETS ADDRESS	GHAFURE LEGGL
	G. Truman Sch	wab 3512 Frederick Ave.	0 7



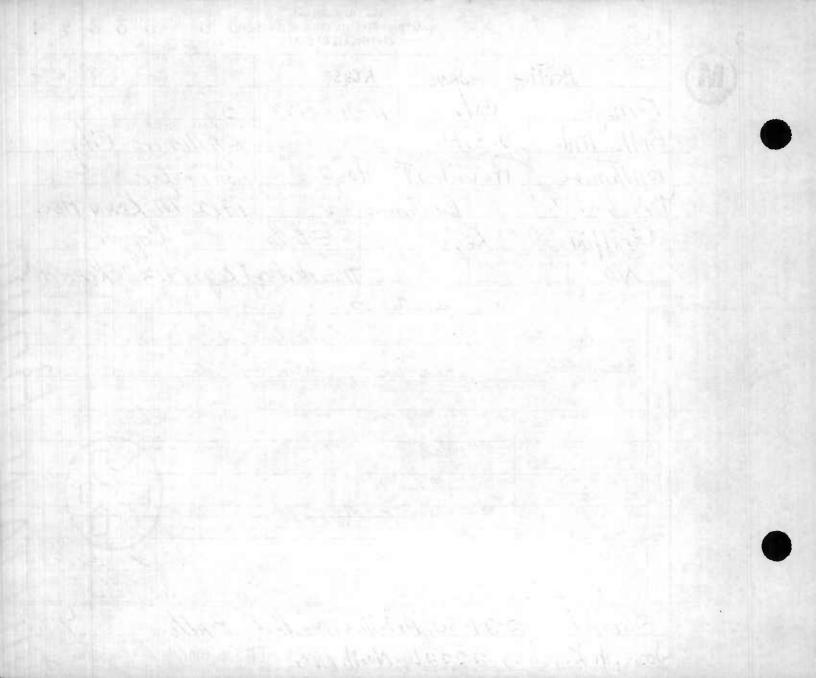
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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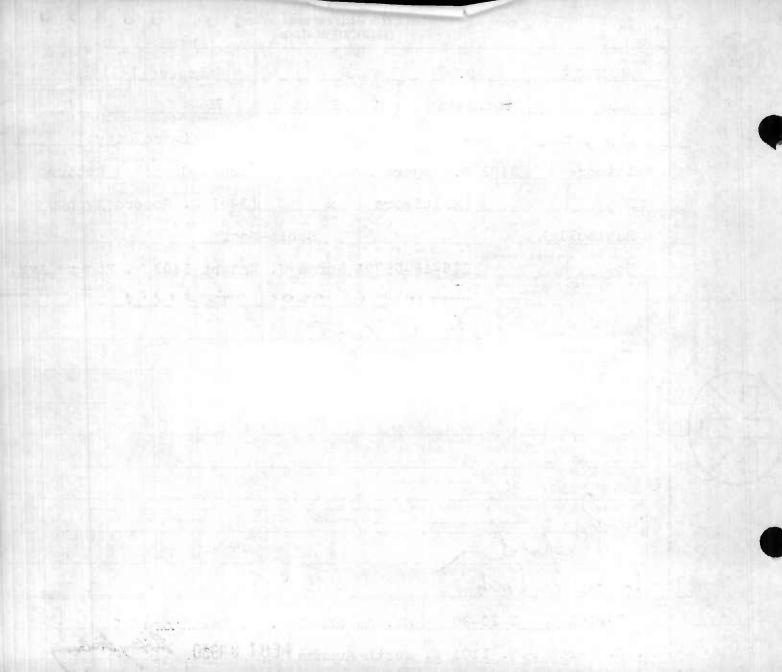
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BALTIMORE, MARYLA cate be executed within apers. Pages 1 and 2 sho	16a \	PIRST/ MIDD VAS DECENSED EVER IN U.S. ARMED (IF YES, GIVE WAR	1845	CURITY NO. M. INFORMAN	when t	ADDRES 19	Copper	LEAN AVE
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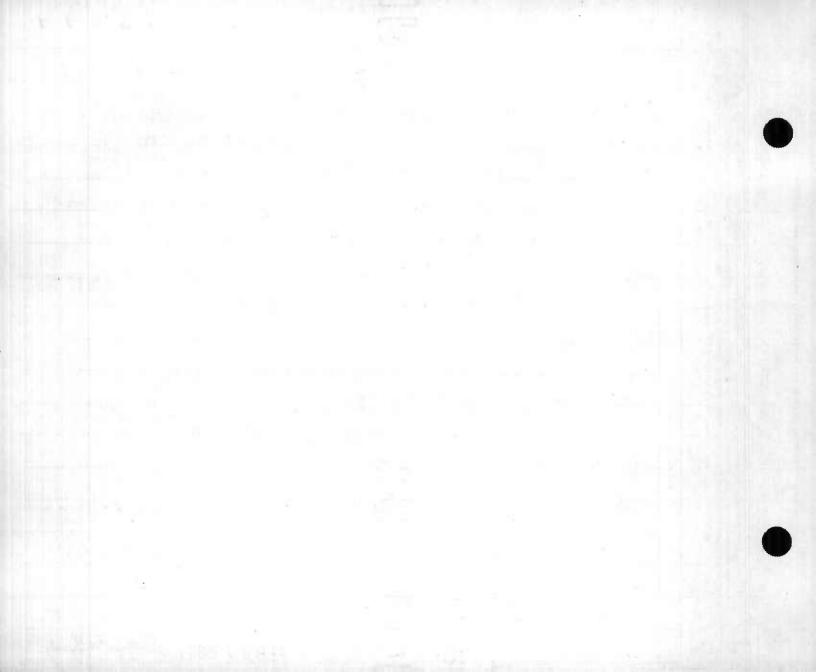
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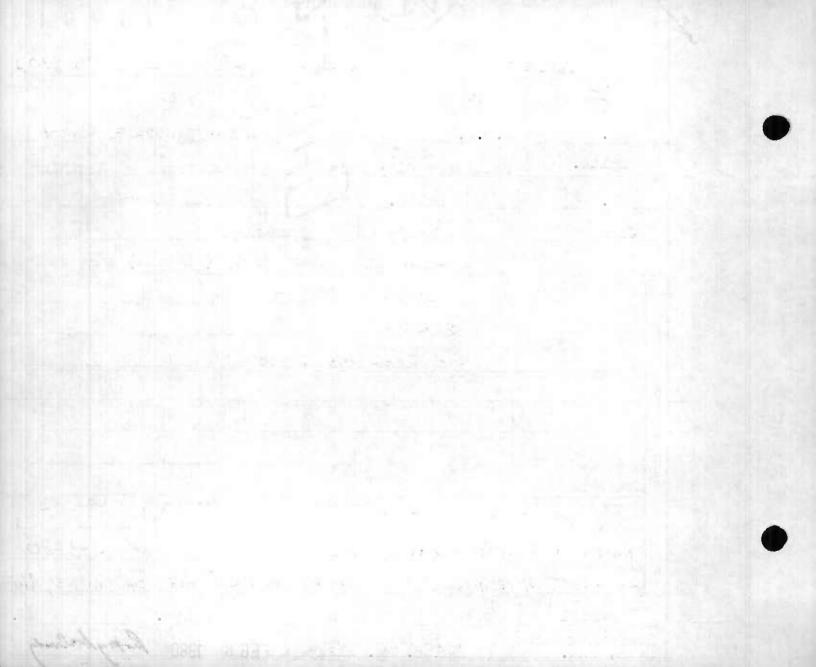
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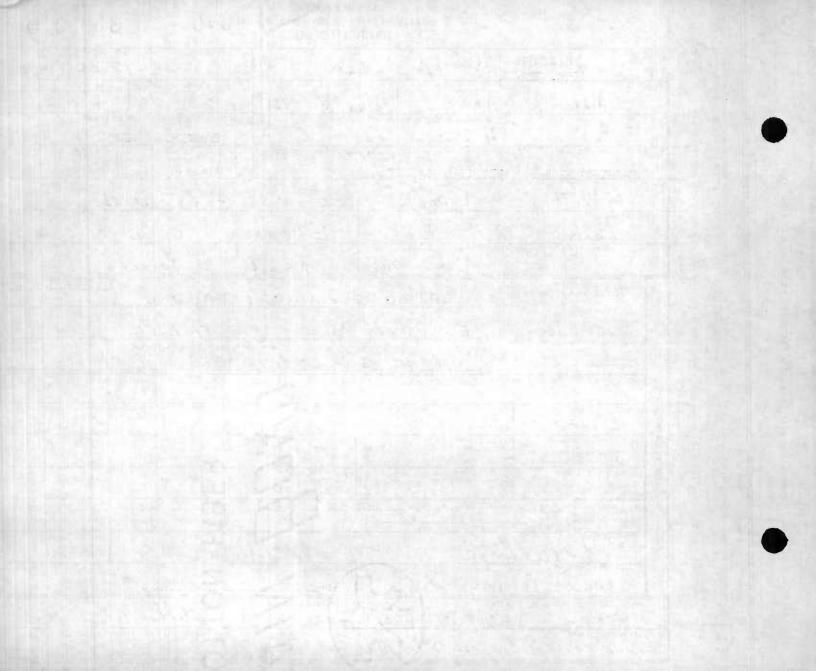
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he he he		22b. SIGNATURE	on the stay one deady.	0 4	DEGREE		/	22c. DATE SIC	GNED
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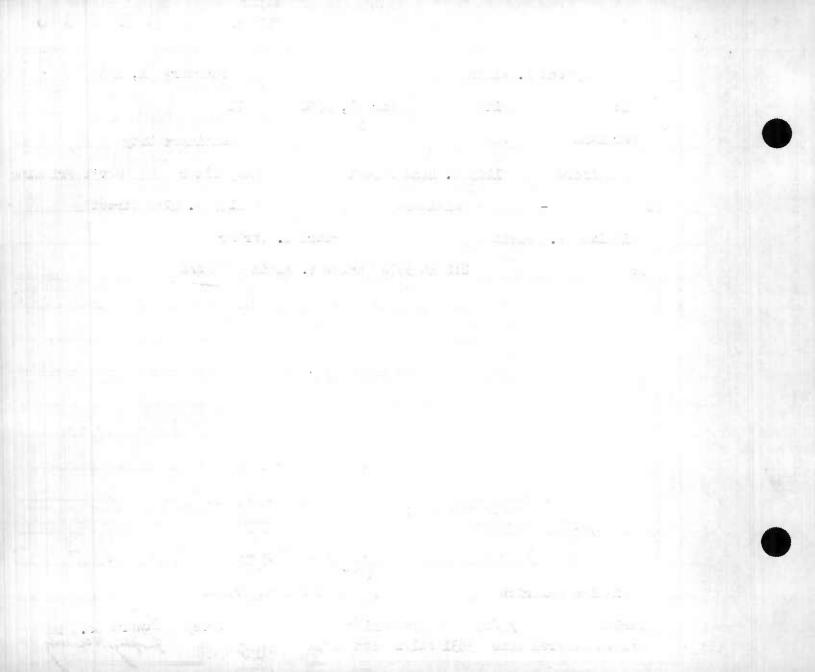
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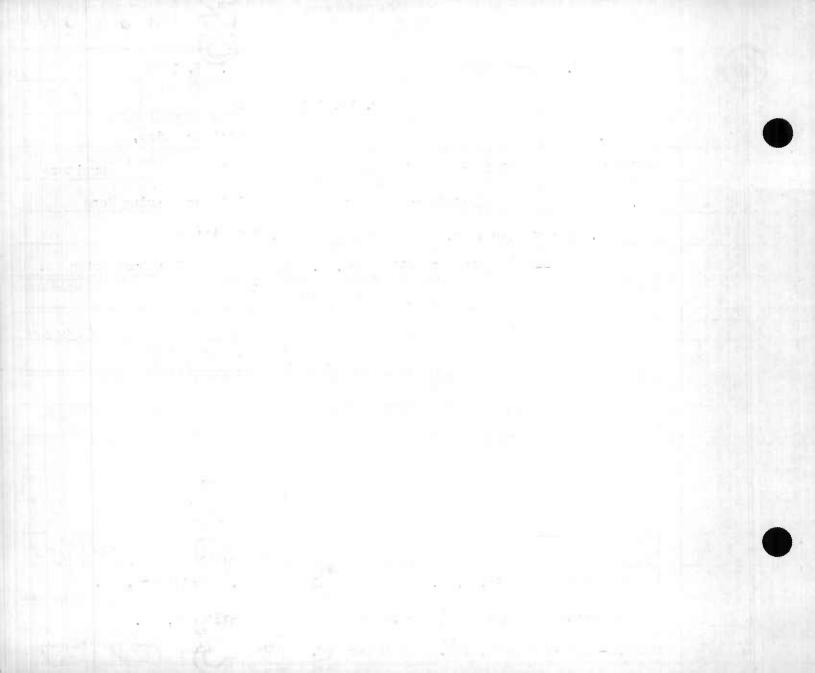
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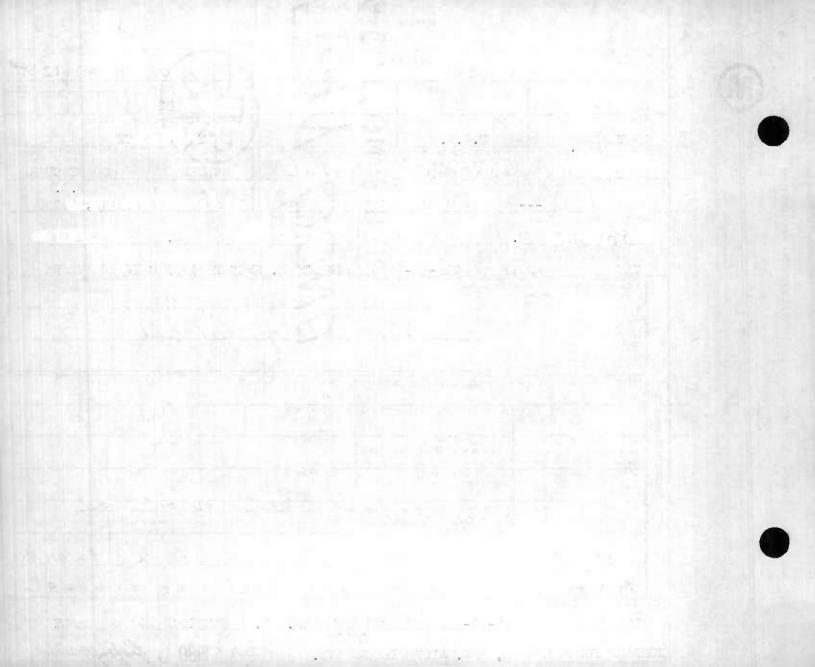
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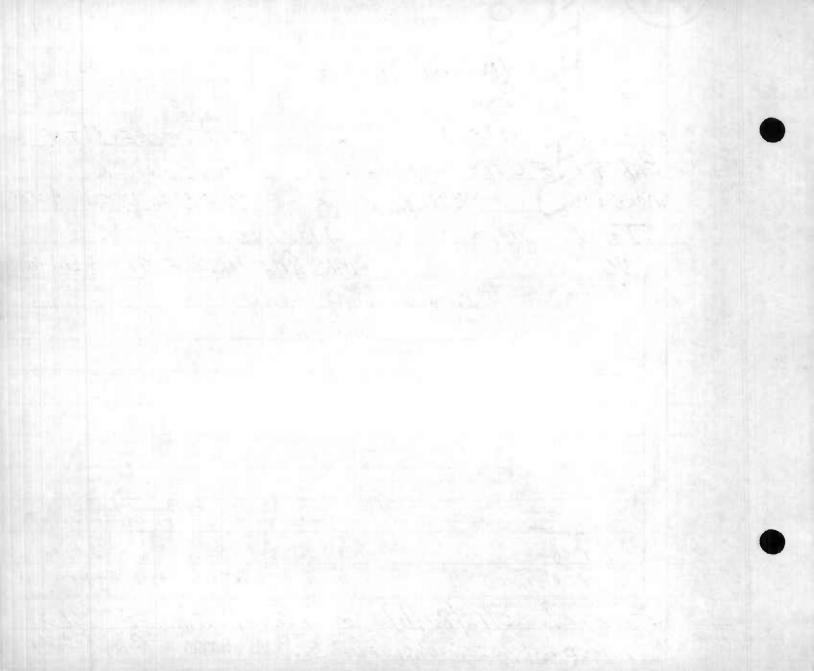
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NG PHYSICIAN: The law requires that the death of ottending physicion.  Iter, this certificate has been signed by the ottending burial-transit permit. Then please remove can thoold Mental Hygiene prior to burial, cremation, an orked or item 18 shows any injury, or other traumoting orked.	NOI		(c)	R AS A CONSEQUE	NCE OF	Solution (V)  (Stalony of one  mynag  NOT RELATED TO THE TERM	ultiple proper	OITION GIVEN IN PART I	3 ylan
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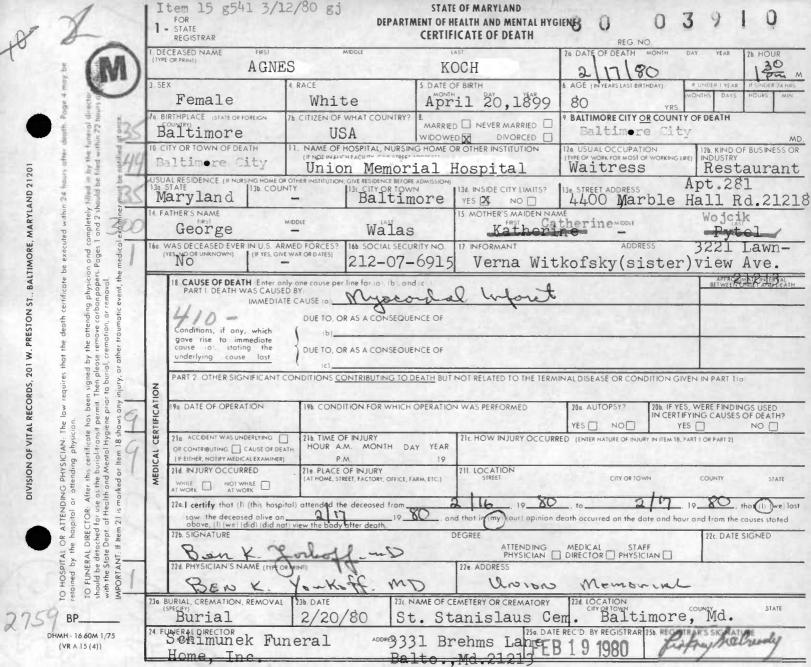


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Ţ	CERTIF		TIME OF INJURY		YES NO CENTER NATURE OF INJURY IN II	YES NO
T.60	3	(IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e.	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	l .	CITY OR TOWN	COUNTY STATE
1000	WE	WHILE NOT WHILE AT WORK	HOME, STREET, PACTORY, OFFICE, PARM, ETC.)	20 20		00
Item 21 is marked or it		WHILE NOT WHILE	nded the deceased fram 19	and that in (my) (aur) apinian of DEGREE		nd haur and fram the causes stated
PORTANT: If tem 21 is marked or th		220. I certify that (1) (this haspital) atterate saw the deceased alive or abave, (1) (we) (did find not) view the	nded the deceased fram 19	and that in (my) (aur) apinian of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of th	MEDICAL STAFF	nd haur and fram the causes state  22c DATE SIGNED  2-26

Second Description States of the States of Description

- STATE

TYPE OR PRINTS

COUNTRY

4 FATHER'S NAME

(YES, NO OR UNKNOWN)

90 DATE OF OPERATION

21d. INJURY OCCURRED

226. SIGNATURE

21a. ACCIDENT WAS UNDERLYING

(IF EITHER, NOTIFY MEDICAL EXAMINER)

OR CONTRIBUTING TO CAUSE OF DEATH

NOT WHILE

3 SEX

8

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Hem

NO

CERTIFICAT

REGISTRAR

FIRST

ICHOLAS

136 COUNTY

16a. WAS DECEASED EVER IN U.S. ARMED FORCES?

4 RACE

DECEASED NAME

STATE OF MARYLAND CERTIFICATE OF DEATH

120 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

2b. HOUR

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO IT

STATE

INDUSTRY, 390

9:50 AM

IF UNDER 24 HRS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

17 INFORMANT

REG. NO 20 DATE OF DEATH MONTH DAY YEAR DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH MONTHS DAYS 2-28-**BALTIMORE CITY OR COUNTY OF DEATH** 

Ja BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

16b. SOCIAL SECURITY NO.

MIDDLE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13d INSIDE CITY LIMITS? 13a. STREET ADDRESS NO S. MOTHER'S MAIDEN NAME

ADDRESS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.

MIDDLE

(IF YES, GIVE WAR OR DATES)

PART 2. THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0

VASCULAR INSUFFICIENCY with 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR PM 19 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ YES [ NO

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

CITY OR TOWN COUNTY

_, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22a.1 certify that (1) (this hospital) attended the deceased from 

> PHYSICIAN 22e. ADDRESS

ATTENDING

DEGREE

211 LOCATION

STREET

22c. DATE SIGNED EDICAL STAFF DIRECTOR PHYSICIAN

SAMSON - CORVE 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

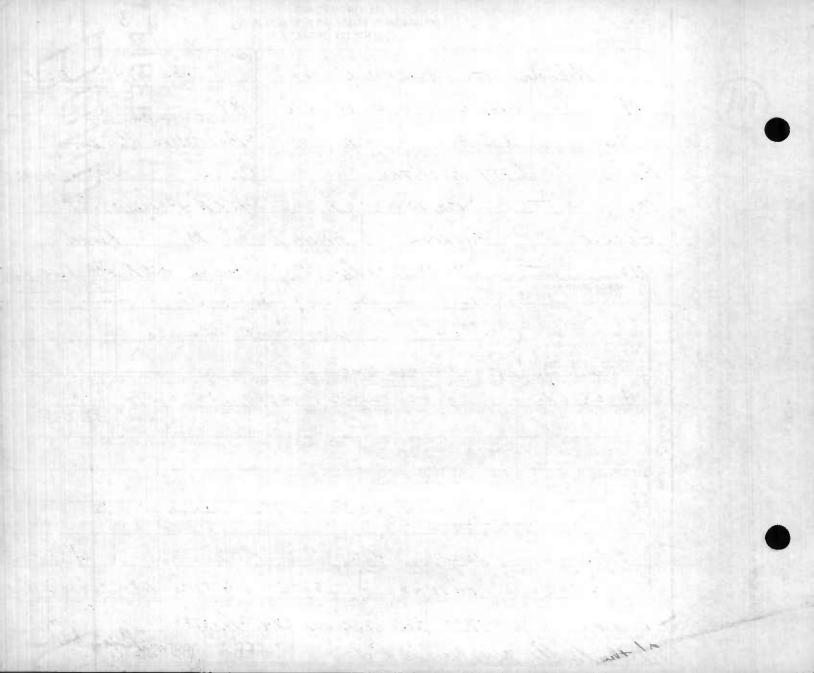
231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CUX OR TOWN

BP. DHMH - 16 60M 7/73 (VRA 15 (4))

250. DATE REC'D. BY REGISTRAR 250. REGISTAR'S SIGNA

24. FLINERAL DIRECTOR



BERTE LIM DTUAN . T'A NOTAS DES . . . MILES SEE The same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the sa 

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

FOR

REGISTRAR

- STATE



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FOR

REGISTRAR

- STATE

DHMH - 16 60M 1/75 (VR A 15 (4))

Home Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

REG. NO

2h HOUR

12h. KIND OF BUSINESS OR

Factory

Rolka

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

STATE

COUNTY

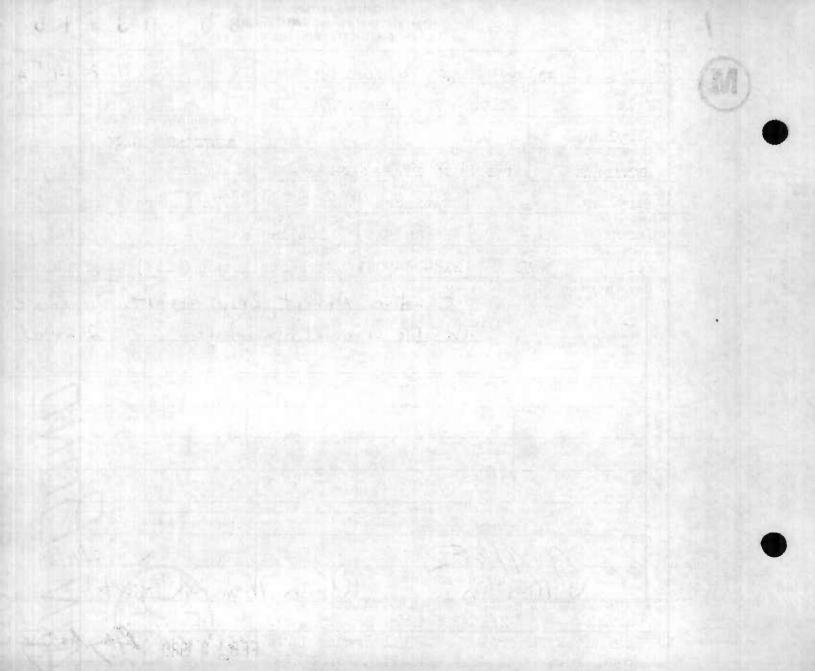
22c. DATE SIGNED

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IF UNDER LYFAR DAYS

CERTIFICATE OF DEATH

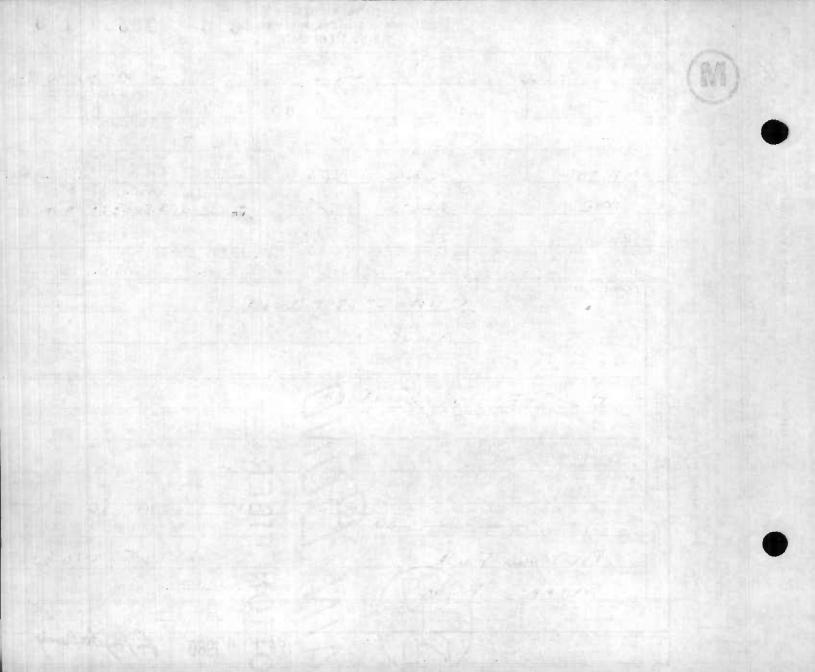
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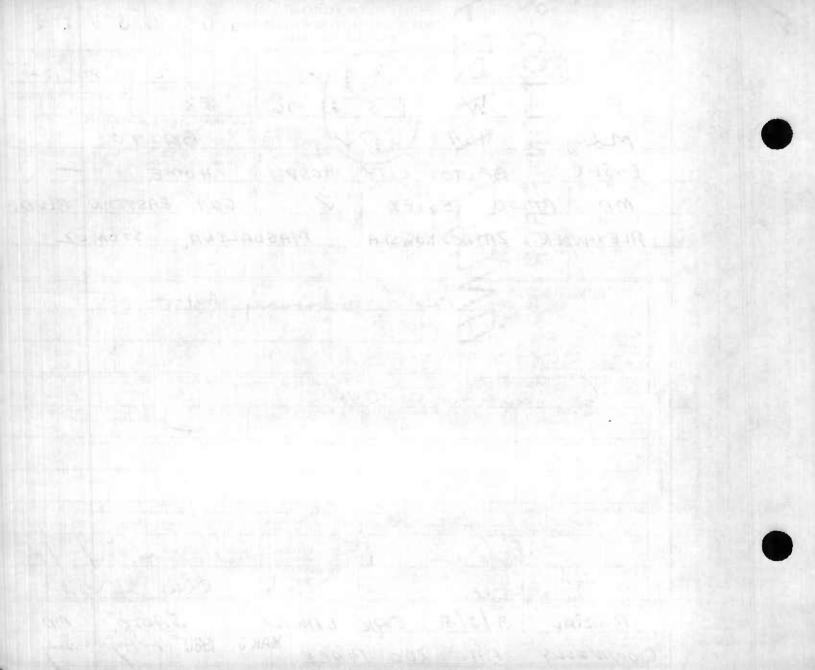
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DATE OF DEATH MONTH 1. DECEASED NAME 2h HOUR TYPE OR PRINT Anna KOZLOWSKI Februaru 6. 1980 1 SEX 4 RACE A AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF LINDER 24 HRS 5. DATE OF BIRTH HOURS 4 1888 MONTHS DAYS Female Cauc. **BALTIMORE CITY OR COUNTY OF DEATH** BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY .S.A. WIDOWED DNORCED [ Baltimore City 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Baltimore Maryland General Hospital Housewife USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13R. STREET ADDRESS 113c CITY OR TOWN 134 INSIDE CITY LIMITS? Itimore Burnwood YES IX NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAST Maximiliar Grocki Anna 02110 ADDRESS WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) Czenik 1667 Burnwood 218-05-70 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), ( PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSY? 20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2] HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I FEITHER, NOTIFY MEDICAL EXAMINER! P.M 214 INJURY OCCURRED 21ª PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE AT WORK repruary 6 80 February 6 220 | certify that (1) (the National) attended the deceased from saw the deceased alive on February 6 above. (I) was (did) (mana) view the body after death. 80, and that in (my) (**Xapinian death accurred on the date and haur and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Walter Koppel, M.D. 1900 E. Northern Pkwu 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE CITY OF TOWN COUNTY Burial Stani \$ laus 24 FUNERAL DIRECTOR BY RECOMMAR 256. RECOSTRARY SIGNA **DHMH-16 25M** Dabrowski & Son 2818 E. Baltimore St (VRA 15, 4) 1/79

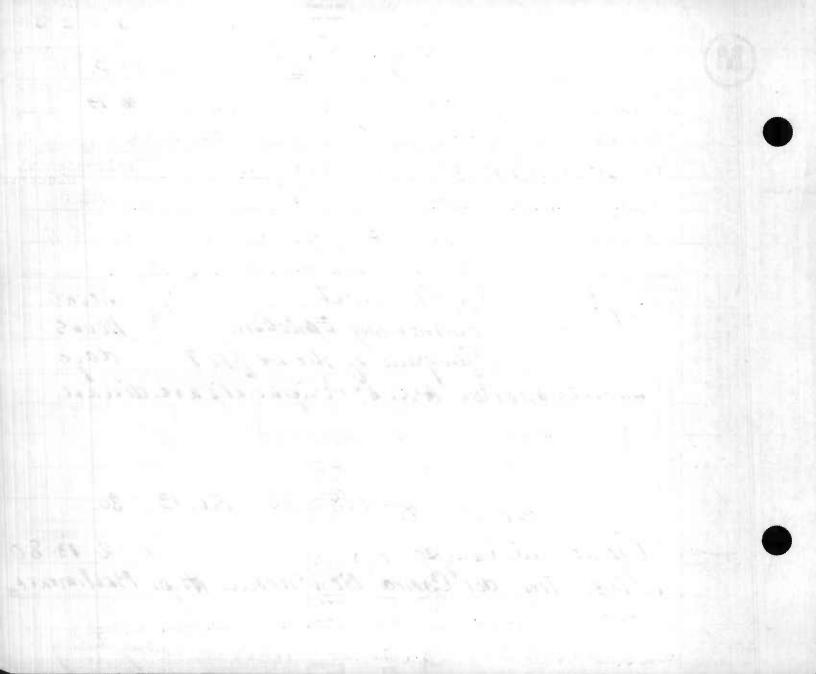
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	¥	WHILE NOT WHILE THE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOV	VN	COUNTY	STATE
ATTENDING P sopiol or other cCTOR, After t d for use as the t of Health one m 21 is marked		220 I certify that (I) (this hosp	ital) attended th	e deceased from		D-10 10	50	to	2-10	10 80	that (I) (we) last
He Sol	1	saw the deceased alive or above, (1) (we) (did) (did no	Pho		80.00	d that in (my) (our) o	pinion dec	oth occurred on the de	ote and hou		4 - 4 - 7
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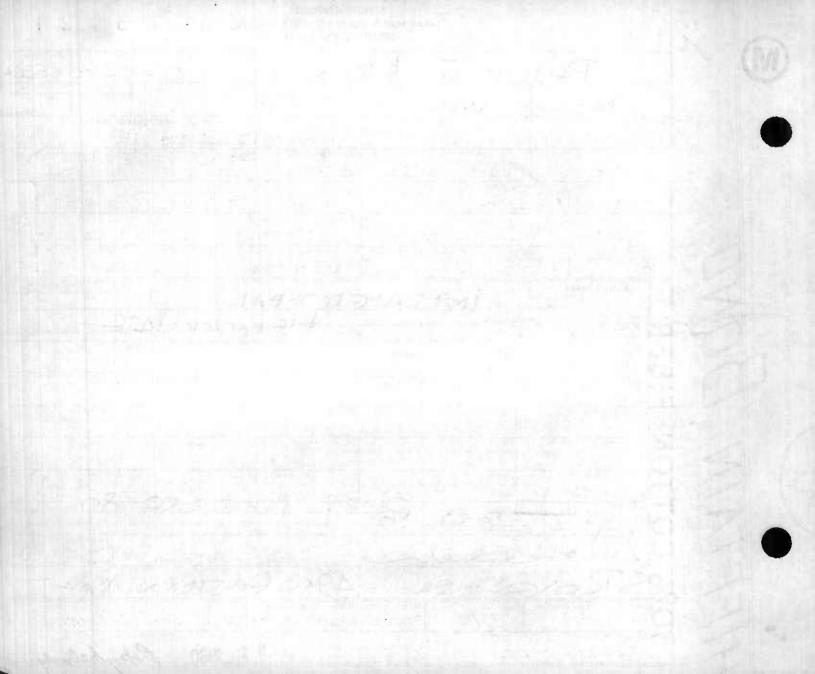
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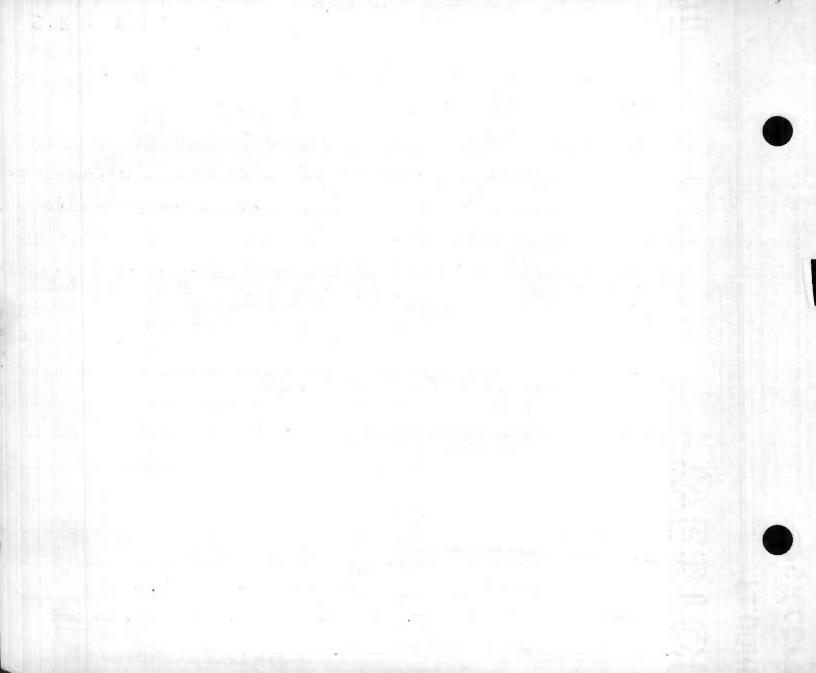


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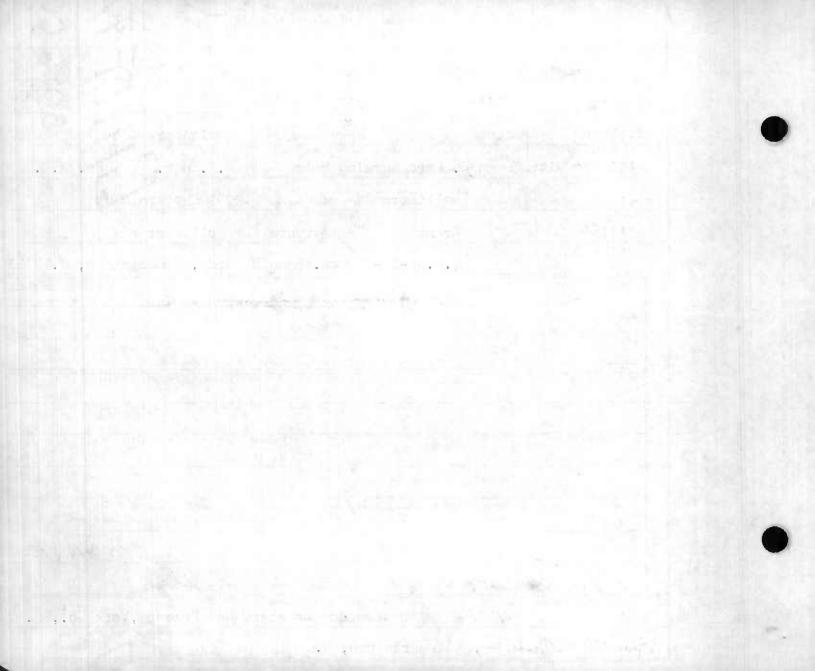
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